MedCard for:

Name: ______________

____

Date of birth: ______________

Phone: ______________

Emergency Contact

Name: ______________

Phone: ______________

To get more cards contact the Iowa Healthcare Collaborative at www.ihconline.org.

My Health Conditions:

- ❑ Arthritis
- ❑ Diabetes
- ❑ Cancer
- ❑ Stroke
- ❑ Seizures
- ❑ Lung problems
- ❑ Heart problems
- ❑ High blood pressure
- ❑ Kidney problems
- ❑ Liver problems
- ❑ Joint replacement
- ❑ Contact lenses
- ❑ Dentures/partials
- ❑ Lens implant (in my eye)
- ❑ Pacemaker (for my heart)
- ❑ Defibrillator (for my heart)
- ❑ Hearing aid
- ❑ Other:______________
- ❑ Do you smoke? Last quit attempt __/__/___

Advance Directives I Have

- ❑ Living Will
- ❑ Durable Power of Attorney for Health Care
- ❑ Neither

Always ask:

1. What is the name of the medicine? What is it for?
2. How and when do I take it? How long do I take it?
3. Do I need to stay away from any foods, drinks, other medicines or activities while I take this medicine?
4. Are there any side effects? What do I do if they happen?
5. Where can I find out more about this medicine?

Past Surgeries (Operations)	Year

Allergies (Medicine, Food, Latex, other)	Reaction (What happens)

My Doctor and Pharmacy

Doctor's Name: ______________

Doctor's Phone Number: ______________

Pharmacy Name: ______________

Pharmacy Phone Number: ______________

Other Doctors: (specialists) ______________

____

____

____

Vaccination Dates:

Flu: ______________

Tetanus: ______________

Pneumonia: ______________

MMR: ______________

Tetanus/diphtheria: ______________

Personal Medicine Record for:___________________________

- Use a pencil.
- Do not list medicines I will take for less than two weeks (example: antibiotics).
- List all medicines I take, including prescriptions, eye drops, inhalers/nebulizers, oxygen, creams and ointments, birth control pills, etc.

Date added or changed	Medicine	How much? (Strength/ Dosage)	How often do I take it?	What is it for?	Doctor who prescribed it

Over-the-Counter Medicines (medicines you can buy without a doctor's order): (Check all that you use regularly.)

- ❑ Allergy medicine, antihistamines
- ❑ Antacids (for heartburn or stomach)
- ❑ Aspirin
- ❑ Cold/cough medicines
- ❑ Diet pills
- ❑ Herbals, dietary supplements, hormones
- ❑ Laxatives
- ❑ Sleeping pills
- ❑ Vitamins, minerals
- ❑ Pain, headache or fever medicine
- ❑ Other (List): ________________
  ____

Always:

- ✔ Keep this card with you.
- ✔ Give this card to your doctor to be checked and updated.
- ✔ Always give this card to your pharmacist when you get a new medicine.
- ✔ Keep insurance cards with this card.
- ✔ Use the same pharmacy if you can.