

# MEDICATION HISTORY AND EXPERIENCE

Update this record each time a medication is added or stopped, or dose changes. Bring this medication record to all appointments with a doctor, pharmacist or health care provider. The list of medications should be reviewed regularly to see if all of the medications are still needed.

|   |   |
|---|---|
| Name: _____<br><br>Date this form was last updated: _____<br><br>Last updated by: _____ | Emergency contact name: _____<br><br>Emergency contact phone number: _____<br><br>Pharmacy name: _____ Pharmacy phone number: _____ |
|---|---|

**List any allergies. Be sure to indicate what the reaction was for each allergy listed.**

**List any intolerances or severe drug reactions. Be sure to indicate what the reaction was for each medication listed.**

## CURRENT MEDICATIONS

Include all prescription and over-the-counter drugs, vitamins and supplements. Don't forget to list any eye/ear drops, patches, creams, inhalers, nasal sprays or injections.

| Medication name and how it is taken<br>(Dose, route, when and how often)<br>(Route: by mouth, in eyes or ears, on skin, etc.) | Reason(s) for use | Start date | Stop date or expected duration | Prescribed by | Additional information (e.g., changes in doses, side effects to watch for, if it helped symptoms, any monitoring at home and what are the results?) |
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**MEDICATIONS THAT HAVE BEEN STOPPED**

| Medication name and how it was taken (dose, route, when and how often) | Reason(s) for use | When was it taken? | Reason for stopping |
|--|-------------------|--------------------|---------------------|
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**MEDICATION ADMINISTRATION:**

**Medications are given:**

- whole and given with \_\_\_\_\_
- split into sections and given with \_\_\_\_\_
- crushed and given with \_\_\_\_\_
- through feeding tube

\*If medications are given in split pieces, crushed or through a feeding tube, always check with your pharmacist to make sure it is safe to do so

**Please list any other special instructions/concerns around administering medications** (e.g. prefers liquid, trouble swallowing pills, given in juice)

**VACCINATION HISTORY:**

| Vaccine   | Vaccine name | Date of last dose or doses |
|---|--------------|----------------------------|
| Influenza                                       |              |                            |
| Shingles (Shingrix ©, Zostavax ©)               |              |                            |
| Pneumococcal (Pneumar 13 ©, Pneumovax 23 ©)     |              |                            |
| Tetanus and Diptheria (Td ©)                    |              |                            |
| COVID-19 (Cominarty ©, Spikevax ©, Vaxzevria ©) |              |                            |