		HOME MEDIC	CATION FURN	4	
Name:			Address:		
Phone Number	er:		1 11 11 11		
Birth Date:			Social Security #:		
Primary Care Physician:			Pharmacy:		
Emergency C	ontact / Phone Numb	ers:		7 - 1	
T	MMIINIZATION R	FCORD (Record t	he date / year of la	ast dose taken, if known)	
	WINTENIZATION R	ECORD (Record to	lie date / year of la	asi dose taken, n known)	
Tetanus			Flu Vaccine(s)		
Pneumococcal					
Pertinent Med	dical History				
				-, -	
Allergic To / Describe Reaction:			Allergic To / Describe Reaction:		
Allergic 10 / Describe Reaction:			Allergic 10 / Describe Reaction:		
10 Tg 2 CW		· · · · · · · · · · · · · · · · · · ·	8	* * * * * * * * * * * * * * * * * * * *	
16 1					
Prescription and	over-the-counter medica	MEDICINES YOU tions: (examples: aspi		Y TAKING: rbals (examples: ginseng, gingko). Include	
medications taken as needed (example: nitroglycerin). PRESCRIP- NAME OF DOSE /			DATE NOTES: REASON FOR TAKING /		
TION DATE	MEDICATION	FREQUENCY	STOPPED	DOCTORS INSTRUCTIONS	
	,				
1		, ·			
				2	
3.81					