

## PERSONAL INFORMATION

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Home Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

## PRIMARY CARE PHYSICIANS

NAME	PHONE NUMBER	FAX NUMBER

## OTHER PHYSICIANS

NAME	SPECIALTY	PHONE NUMBER	FAX NUMBER

## INSURANCE COVERAGE/PRESCRIPTION DRUG DISCOUNT INFORMATION


## PHARMACY/DRUG STORE

Name \_\_\_\_\_

Location \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

## MEDICAL CONDITIONS


# MEDICATION TRACKER



*It is important to be an advocate in your health care. This list is meant for your own medication safety, to prevent errors and to improve communication between you and your health care providers.*

For additional copies of the Medication Tracker, visit our Web site at [www.overlakehospital.org/resources](http://www.overlakehospital.org/resources).



**OVERLAKE**  
MEDICAL CENTER

1035 116<sup>TH</sup> AVENUE NE  
BELLEVUE, WA 98004

OL20141111-001



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# MEDICATION RECORD

List all medications, vitamins, dietary supplements and herbal preparations that you take. Keep this list updated and with you at all times. Bring it with you to all appointments, when you travel, visit a hospital or other care facility.

Home Medication Name	Dose	Route	Frequency	Purpose/ Reason for Use	Prescriber	Start Date	Stop Date	Notes
<b>Example:</b> Easymed	25 MG	By Mouth	Twice Daily	Blood Pressure	Dr. Jones	MM/DD/YYYY	MM/DD/YYYY	
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**DATE UPDATED:**

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Allergy/Sensitivity to Drugs/Food/Environment	Describe Reaction (Symptoms, Severity)

Vaccinations  
**Influenza given:** \_\_\_/\_\_\_/\_\_\_  
**Pneumonia given:** \_\_\_/\_\_\_/\_\_\_  
**Tetanus given:** \_\_\_/\_\_\_/\_\_\_



Patient Name: \_\_\_\_\_