

Health Care Providers:	
Pharmacy:	
Phone:	
Family Doctor:	
Phone:	
Date of last Vaccination:	
Influenza:	
MMR:	
Pneumococcal:	
Tetanus/Diphtheria:	

24-Hour Health Information:
 HealthLink BC: call 8-1-1
 or visit HealthLinkBC.ca

For deaf & hearing-impaired
 (TTY): 7-1-1



Visit our website:
www.interiorhealth.ca

Medical Conditions:

Whenever you visit a doctor or pharmacist, review and update this medication list.

To print additional cards go to:
<http://www.interiorhealth.ca/choose-health.aspx?id=228>

Allergies: (Describe reaction)

Personal Information

Name:	
Address:	
Home Phone:	
Cell:	
Date of Birth:	
Emergency Contact:	
Phone:	

Please keep this card with you at all times.

Medication List

Include all prescription drugs, over-the-counter drugs, herbals and supplements

Name/Strength: _____

Directions: _____

Purpose: _____

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Directions: _____

Purpose: _____

Name/Strength: _____

Directions: _____

Purpose: _____

Name/Strength: _____

Directions: _____

Purpose: _____

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