

Please keep this card with you at all times.	
Pharmacy:	
	Phone:
Family Doctor:	
	Phone:
Date of last Vaccination:	
Influenza:	
MMR:	
Pneumococcal:	
Tetanus/Diphtheria:	

Medical Conditions:

Allergies: (Describe reaction)



Interior Health

Visit our website:
www.interiorhealth.ca

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

24-Hour Health Information:

**HealthLink BC: call 8-1-1
 or visit HealthLinkBC.ca**

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

Personal Medication Card

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

Medication List

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

Name/Strength: _____

Directions: _____

Purpose: _____

Name/Strength: _____

Directions: _____

Purpose: _____

Name/Strength: _____

Directions: _____

Purpose: _____

Name/Strength: _____

Directions: _____

Purpose: _____

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