

Date	Medication Name / Dose	Directions (use patient friendly terms)	Date Stopped	Reason for taking/Doctor name

UNIVERSAL MEDICATION FORM

Patient:

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet. For more copies of this form, visit the BMH Web site at www.bmhsc.org and click on “Universal Medication Form.”
2. Write down all of the medicines you are taking.
3. **Take this form to ALL doctor visits**, when you go for tests and ALL hospital visits.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. If you stop taking a certain medicine draw a line through it and write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you fill out this form and keep it up-to-date.
5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).

When you are discharged from the hospital, you will get a new form. Someone will talk with you about it and will give you a copy. YOU WILL KNOW WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family members **remember** all of the **medicines you are taking**.
2. **Provides your doctor(s) and others with a current list of ALL of your medicines.**
3. **Helps you – we could catch and prevent mistakes by knowing what medicines you are taking.**