



Wooster Community Hospital  
 1761 Beall Ave  
 Wooster, OH 44691  
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 www.woosterhospital.org

# My Medicine List

- ~ Complete this form and keep it with you.
- ~ Update your drug list when your doctor changes your medicines (drugs).
- ~ Take this form with you every time you go to your doctor, dentist, therapy, or the hospital.

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

My Allergies \_\_\_\_\_

My Doctor (s) \_\_\_\_\_

Immunizations (date): Flu: \_\_\_\_\_ Pneumonia: \_\_\_\_\_ Tetanus: \_\_\_\_\_

Date medicine list completed or updated: \_\_\_\_\_

List all the drugs, herbs, and vitamins you take. Include over-the-counter drugs.

Drug Name	Dose	How much of the drug I take	When I take it	Why I take it

- Copy of medicine list given to patient (if patient does not have a list or the medicines are changed)
- Medicine list, if changed, faxed to next provider of care. Dr. \_\_\_\_\_

Patient Identification - Name & Birthdate