DATE	DRUG	DOSE	HOW OFTEN	REASON	PHYSICIAN

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My Medication

A Speak Up℠ Safety Initiative

North Mississippi Medical Center

drug card.qxp 11/21/2007 9:50 AM Page 2

My Medications

Name:_____

Allergies:_____

_____

List all of your prescription and over-the-counter medicines, allergies, vitamins, herbs, dietary supplements and homeopathic remedies, include the amount of alcohol you consume on a daily or weekly basis, and any recreational drugs you take. It's important to include all of this information in case of emergencies.

Include the dose or amount of medication that you usually take and how often or what time of day you take it, even if you take it only occasionally.

Carry this list with you and share it with your pharmacist, doctor or other caregiver.

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