Nonprescription medicines

- Cold or cough medicines
- Aspirin or other pain relievers
- Allergy relief medicines
- Antacids
- Sleeping pills
- Laxatives
- Diet pills
- Other _____________________________

Medicines I should not take because of bad reactions or allergies _____________________________

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Vitamins, herbs, and supplements

- Vitamins (type) ______________________
  __________________________________
  __________________________________
  __________________________________
- Glucosamine chondroitin
- St. John’s wort
- Ginkgo biloba
- Ginseng
- Other ______________________________
  __________________________________
  __________________________________

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Medicine Wallet Card

Show this card to your doctor or pharmacist. To print more copies, visit www.ahrq.gov and type “Your Medicine” in the search box.

My name _____________________________
Contact information ___________________
  __________________________________
  __________________________________
  __________________________________
<table>
<thead>
<tr>
<th>Prescription Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and how much medicine (example)</td>
</tr>
<tr>
<td>Color</td>
</tr>
<tr>
<td>What it is for</td>
</tr>
</tbody>
</table>

| Date began taking | 2/8/2011 |
| How much to take and when | 1 tablet 4 times a day 9 a.m., 1 p.m., 5 p.m., 9 p.m. |
| Do not take with | Antacids or dairy products |

Blood type __________________
Medical condition(s) ________________
______________________________
______________________________
______________________________

Emergency Contact
Name __________________
Home phone __________________
Work phone __________________
Cell phone __________________