

DIANE C. MADFES, M.D. P.C.
UNIVERSAL MEDICATION FORM

Date form started: _____

Name:	Address:
Phone Number:	Allergies:
Birth Date:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: 1) Prescription and over-the-counter medications (examples: aspirin, antacids); herbals (examples: ginseng, ginkgo); and vitamins. Include medications taken as needed (example: nitroglycerin). Please also include if you received any injections recently, i.e. steroids. 2) **CROSS OFF** any medications you no longer taken. 3) Keep this card in chart at all times. Show this card to every doctor visit on every visit, every visit to an emergency room and on admission to any hospital. 4) **NEVER** take drugs prescribed for someone else.

OFFICE USE ONLY

DATE PRESCRIBED	NAME OF MEDICATION / DOSE	DIRECTIONS: (How many times a day do you take this and when.)	Medication held due to procedure		DATE STOPPED	Notes: Reason for taking / Doctor Name	Name of Medication in Office	Contra-indicated ?	
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No

Patient Signature if applicable _____ Date _____

Responsible Adult Signature _____ Date _____

Signature of representative of organization accepting the patient _____ Date _____