UC Health

UC Health Lifespan Care Program

Fill this out and bring it to every visit. **Update it whenever anything changes.**

My Information

Name: _____ Date of Birth: _____ Date Updated: _____

Allergies

Medicine or substance	What happens? (Rash, swelling, upset stomach, trouble breathing, etc.)

My Medications

Medication name (Brand/generic)	What it's for	Dose (Mg, mcg, etc.)	How often (Daily, twice a day, etc.)	Time of day (Morning, night, etc.)	Prescribing doctor (Name)	Notes (Side effects, special instructions, etc.)

Vitamins and Over-the-Counter Medicines

Medicine name	Dose (Mg, mcg, etc.)	How often (Daily, twice a day, etc.)	Notes (Reason for use, special instructions, etc.)

Tips

- Take a photo of this list and keep it on your phone
- Your pharmacy can print your medicine list for you at any time
- Cross out any medicine you have stopped taking

REMEMBER

Bring this list to every doctor visit, emergency room visit or hospital stay. Keep it up to date.