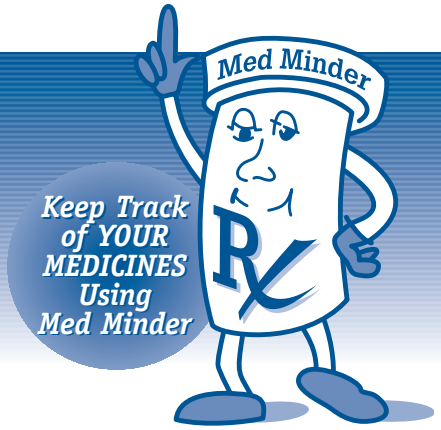
Covenant Senior Health



PATIENTS:

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet.
2. Clearly record ALL of the medications you are currently taking. This includes:
   - Medications prescribed by your doctor(s)
   - Medications that you buy over-the-counter (Examples: aspirin, antacids)
   - Herbals (Examples: ginseng, St. Johns Wort)
3. Take this form to ALL doctor visits, ALL medical testing (MRI, CT, stress tests, etc), ALL pre-assessment visits for surgery, and ALL hospital visits (ER, in-patient admission, out-patient visits).
4. Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you fill out this form and keep it updated.
5. Record the name of your doctor who prescribed each medication. Also, add the reason for taking the medication (Examples: high blood pressure, high blood sugar, high cholesterol)
6. Tell your family, friends and neighbors about the benefits of using this form.

HOW DOES THIS FORM HELP YOU?

Benefits of using this form:

1. **Reduces confusion and saves time.** You do not have to remember all the medications you are taking. The form does this for you. It saves you and each medical office time.
2. **Improves communication.** It provides doctors, health care providers and hospitals/clinics with a current list of all of your medications. It also lets the patient and/or family member know exactly what medications are to be taken and when.
3. **Improves MEDICATION SAFETY.** It helps to detect and correct medication or food interactions and duplications.

MED MINDER IMMUNIZATION RECORD

(Record the date/year of last dose taken, if known)

TETANUS	
FLU VACCINE	
PNEUMONIA VACCINE	
HEPATITIS VACCINE	
OTHER	

Pharmacy Name/Pharmacy Phone Number	Doctor Name/Doctor Phone Number

M E D M I N D E R F O R M

Fold this form and keep it in your wallet

Name:	Address:
Phone Number:	
Caregiver Phone Number:	Birthdate:
Medication/Food Allergies/Describe Reaction:	Medication/Food Allergies/Describe Reaction:

List ALL medications you are currently taking: prescription and over-the-counter medications (ex: aspirin, antacids) and herbals (ex: ginseng, gingko). Include medications taken as needed (ex. nitroglycerin).

DATE STARTED	MEDICATION	DOSE	DIRECTIONS (Example: 1 tablet daily with breakfast)	REASON FOR TAKING	DOCTOR	DATE STOPPED

Refer to front of form for directions, vaccines, and benefits of using this form.
For additional copies of this Med Minder reference form, please call (865) 541-4500 or log onto www.covenantseniorhealth.com.

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