Baylor Scott & White
SURGICAL HOSPITAL AT SHERMAN
Joint ownership with physicians

PERSONAL MEDICATION RECORD
Please complete and return on day of surgery

Name:	**Primary Physician**	**Phone#**
Phone Number:		
Birth Date:	**Pharmacy**	**Phone#**
Name of Emergency Contact/Phone numbers:		

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)	
TETANUS	FLU VACCINE (S)
PNEUMONIA VACCINE	**OTHER:**

Allergic To: / Describe Reaction:	**Allergic To: / Describe Reaction:**
/	/
/	/
/	/

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and (OTC) over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin/pain medications).

Date Started	Medication (and strength) & OTC/Herbal Supplements	DIRECTIONS: (How/when to take)	Notes: Reason for taking / Doctor Name

HOW DOES THIS FORM HELP YOU?

1. This form provides your doctor(s) with a current list of ALL of your medications. Doctors need to know the prescriptions, herbals, vitamins and over-the-counter medicines to make medical decisions and provide optimal care.
2. This helps you, because physicians are able to identify potential interactions and develop an appropriate treatment plan during your stay.