

Senior Safety Online's Prescription Workbook



NAME: _____

Name	Date of Birth	Sex (Circle one)	Height	Weight
		Male Female		

Address	Phone Numbers	Emergency Contact
	Home:	Name:
	Work:	Relation:
	Cell:	Phone:

Doctor/Dentist/Other Provider	Phone Number	Type of Provider/Reason for Seeing

Pharmacy	Phone Number	Address	Immunizations and Dates
			Tetanus Date:
			Flu Date:

Additional Information	Hepatitis	Date:
	Other	Date:

Allergies	Reaction

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Instructions for filling out the form

Doctor/Dentist/Other Provider

List their names and a phone number

Pharmacy

List their names, phone number and location

List of Prescriptions

- Write the name of each prescription. Make sure you spell them correctly
- Write down the strength
- Write down how often you take a prescription
- Write down how you take the prescription (oral, gel or injection, et. al.)
- List all types of medication (tablets, ointments, injections, drops, patches, etc.)
- Include prescriptions, over the counter, herbal, vitamin and dietary supplements.
- List medications you take only on occasion (tylenol, motrin, ibuprofen, etc.)
- If you stop taking a prescription, put a line through it and the date you stopped taking it.



General Instructions

Carry a copy of this work sheet in you wallet at all times - You will have it in case of an emergency

Always take this with you to the Hospital or for a doctor visit - Have your doctor review it each time

Always have this when you pick up your prescription - Have your pharmacist review it each time