

MEDICAL HISTORY

Please check those that apply:

- Asthma
- Heart Disease
- Diabetes
- Seizures
- Kidney Disease
- Cancer
- Other: _____
- High Blood Pressure

OVER-THE COUNTER MEDICATIONS

Check those you use regularly:

- Allergy relief, Antihistamines
- Antacids
- Aspirin/Tylenol/Ibuprofen
- Cold/Cough Medicines
- Diet Pills
- Herbals, dietary supplements
- Laxatives
- Sleeping Pills
- Vitamins or Minerals
- Other: _____

Date of last Pneumococcal vaccine:

Date of last Influenza vaccine:

Date of last Tetanus vaccine:

Allergies (medication, foods)

INSTRUCTIONS

LIST ALL medicines you are taking.

CROSS OFF any medicine you no longer take.

KEEP Med-Card with you at all times.

SHOW this card on every visit to a doctor's office or emergency room and on admission to any hospital.

NEVER take any drugs prescribed for someone else.

For additional cards call:
501-380-1050

Name: _____

Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Pharmacy: _____



White County Medical Center South
1200 South Main | Seary



White County Medical Center
3214 East Race Avenue | Seary



THERE'S NO PLACE LIKE HOME FOR YOUR HEALTHCARE!

