New Jersey Hospital Association

Quality Institute

## It's Your Healthcare:

# *Be Involved!*

### Medication Card

Congratulations on taking this first big step toward an active role in your healthcare! Spend a few minutes completing this card, noting all medications (prescription, over the counter, herbal and nutritional) that you are currently taking. Keep this card in your wallet at all times and review it with your physician(s) and pharmacist every time you see them. Make sure you update the card whenever there's a change.

Name

Your Physician(s) Name(s) and Phone Number

Date Of Birth

Your Height  Your Weight

Allergies

Other Medical Information

**Over the Counter Medication and/or herbs and/or nutritional supplements you are currently using:**

| Name of Medication<br>How Often Do You Take It | | Dosage |
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