Medical Information Wallet Card

Be sure to read the Medication Safety Tips for Patients. Fill out, cut out, and fold the chart below and carry it with you at all times.

From the National Patient Safety Foundation NPSF
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My Patient Information

Name _____

Home address _____

_____

Date of birth _____

Home phone _____

Mobile phone _____

Primary care provider phone _____

Pharmacy phone _____

Insurance Provider and ID# _____

Emergency Contact phone _____

My Medications

Prescription medications, non-prescription medications, over-the-counter medications, herbals, vitamins and supplements.

Name of medicine	Dose *(amount)*	How often and when *(morning, noon, evening)*	How to take *(with or without food)*	Reason for taking

Fold here first

Medical Information Wallet Card

This Card Belongs To:

_____

Medication errors are one of the main reasons for health care complications. Carry this card with you at all times.

My Allergies

	Severity of reaction: *Mild, moderate, severe, life-threatening*
Allergic to: Reaction:	
Allergic to: Reaction:	
Allergic to: Reaction:	
Allergic to: Reaction:	
Allergic to: Reaction:	

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How to Use Your Medical Information Wallet Card:

- Fill out your important **Patient Information**.
- Fill out the list of **Medications**. Include how to take them, what time of day, and the reason for taking them. Include prescription medications, non-prescription medications, over-the-counter medications, herbals, vitamins, and supplements.
- Fill out the list of **Allergies** that you have, including what your reaction is and how severe it is.
- Cut out and fold the Wallet Card and keep it in your wallet.
- Always carry the Wallet Card with you.
- Bring the Wallet Card to every medical appointment.
- Keep the lists up to date and review them with your doctor and pharmacist.

Medication errors are one of the main reasons for health care complications.

Cut along dotted line

Fold here

Fold here

Fold here