

Medical ID & Medication Log

CareCard™



Medical ID.

Name: _____

Birth date: ____/____/____

Doctors / Providers.

Name	Phone #
_____	_____
_____	_____
_____	_____

Pharmacy: _____

Hospital: _____

Medical conditions: _____

Emergency contact info.

Name* _____ Phone # _____

* Store "in case of emergency (ICE)" contacts in your cell phone as **1ICE**-John; **2ICE**-Mary; etc.

Emergency medicines I take: _____

Allergies: _____

Blood type: ____ Organ donor: Yes No

Advanced Directive for Health Care:

Yes No

Poison Control: 800.222.1212

Suicide Prevention: 800.273.8255

Things to state before a medicine is prescribed.

- Drug allergies you have.
- Harmful side effects from medicines taken in the past.
- Health conditions you have.
- Rx and OTC medicines you take. (Show your Rx and OTC Medicine Logs.)
- Medicines on your preferred drug list (formulary). Say you prefer generic ones (if available).
- If you use a mail order pharmacy. (The Rx needs to be written for a 3-month supply.)
- If cost is a concern.
- If it is hard to swallow pills.
- If you use alcohol, tobacco, or drugs.

