

MY PERSONAL MEDICATION RECORD



Name: _____

Date of Birth: _____

Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Physician 1: _____

Physician 1 Phone: _____

Physician 2: _____

Physician 2 Phone: _____

Pharmacy: _____

Pharmacy Phone: _____

Allergies: _____

At St. Joseph Hospital, your safety is important to us. We are dedicated to patient safety and working to improve the health of each and every person we serve.

It is important that you carry a complete list of your medications at all times.

Please share this list with your physicians, pharmacist and other healthcare providers.

Medications	Dosage	Frequency

To find a physician, please call the St. Joseph Hospital Physician Referral Line at (714) 633-DOCS (3627).



If you would like to print out another Personal Medication Record, please visit our website, www.sjo.org/medication