My Allergies

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

List all medicines you are taking.

Show this to every doctor each visit.

Cross off medicine you no longer take.

Never take any drugs prescribed for someone else.

Keep Medi-Card with you at all times.

Personal Medication Profile

Compliments of

St Anthony's Memorial Hospital
Effingham, Illinois
217-342-2121

An Affiliate of
Hospital Sisters Health System

Please keep this card with you at all times.

NAME: _____PHONE: ( ) _____ MEDICARE # _____
Emergency Contact: _____City: _____Phone ( ) _____
Pharmacy: _____ Phone ( ) _____

Date Prescribed	Prescribing Doctor	Medication	Dosage

Past Surgeries

Date of Surgery	Surgeon	Surgery Performed	Notes