

My medication list

Share your medication list with
your doctor, nurse and pharmacist.
Carry this card with you at all times!



yukon
hospital corporation

Name: _____ Date of Birth: _____

Doctor: _____ Health Centre: _____

Pharmacy: _____ Pharmacy Phone: _____

My allergies or bad reactions to medications:

Allergies (to medication, food, latex, etc)	Type of Reaction (what happens)
_____	_____
_____	_____
_____	_____

List of medications on back

