

# STEPHENS COUNTY HOSPITAL

163 Hospital Drive  
Toccoa, GA 30577  
706-282-4200

Patient Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_



## Emergency Phone Numbers:

<b>Personal Contact:</b>	<b>Phone Number:</b>
<b>Primary Physician:</b>	<b>Phone Number:</b>
<b>Other Physician:</b>	<b>Phone Number:</b>
<b>Pharmacy:</b>	<b>Phone Number:</b>

## Important Instructions:

1. Please fold this form and keep it with you all the time to show when asked about your medications.
2. If you start any new medication or over-the-counter products, add these to your list.
3. If you stop a medication or over-the-counter product take it off the list –cross it out.
4. Always ask your doctor or the pharmacist questions about the medication and possible side effects such as:
  - What do I do if I have an unpleasant or serious reaction?
  - For how long do I need to take this medication?
  - When and how do I take it?
  - Which foods, drinks, or medications do I need to avoid?

## IMMUNIZATIONS

**Dates** (List the date or year of last dose taken, if known)

<input type="checkbox"/> PNEUMONIA VACCINE:	<input type="checkbox"/> FLU VACCINE(S):	<input type="checkbox"/> Tetanus:
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I have no known allergies

I Am Allergic To: List your allergies	The Reaction I Have Is:

## Important Medical Problems

- Diabetes     Liver Disease     Kidney Disease     Heart Disease     High Blood Pressure  
 Other: \_\_\_\_\_

**MEDICATIONS: List all prescription medications and include medications taken as needed (example: nitroglycerin).**

<b>Name of Medication</b>	<b>Dose or Strength</b>	<b>Amount Taken Or How Much</b>	<b>How Often or Time of Day Taken</b>	<b>Why Taking</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

**OVER-THE-COUNTER MEDICATIONS: (examples: aspirin, antacids, cold or cough medicine), creams, inhalers, vitamins, and herbals (examples: ginseng, ginkgo, special teas).**

<b>Name</b>	<b>Dose or Strength</b>	<b>Amount Taken Or How Much</b>	<b>How Often or Time of Day Taken</b>	<b>Why Taking</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				