

Name:		Date of Birth:		Blood Type:	
Address		Phone:			
Emergency Contact:		Phone:			
Primary Care Physician:		Phone:			
Pharmacy:		Phone:			
Insurance Company:		Phone:			
Allergies (include medications, food and environmental):					
Type of Reactions:					
Last Immunizations: Influenza		Pneumococcal		MMR	
Date:		Date:		Date:	
Tetanus/Diphtheria					
Date:					

Instructions:

- List all of the medications you are taking, including over-the-counter items such as pain relievers, vitamins, herbal supplements, etc.
- Show this card to every doctor or specialist at each visit and review.
- Cross off any medication that you no longer take and add any new medications.
- Never take any drugs prescribed for someone else.
- After any hospitalization, check with your doctor to review this list.
- Keep this card with you at all times.

<h1>PERSONAL MEDICATION CARD</h1>
<hr/> <p><i>Name</i></p> <hr/>
<h2>CMIPA</h2> <p>Central Massachusetts Independent Physician Association, LLC</p> <p><i>More Choices, Better Care</i></p> <p>www.cmipa.com Info line: 1-877-CMIPA-4-U</p>

