**Your Personal Information:**
- **Name:**
- **Phone:**

**Medication Allergies:**
- ____________________________
- ____________________________
- ____________________________

**Provider Name**
- ____________________________

**Provider Phone**
- ____________________________

**Emergency Contact:**
- **Name:**
- **Phone:**
- **Relationship:**

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**Immunizations:**
- **Influenza (last dose):**
- **Tetanus/Tdap (last dose):**
- **MMR 1):**
- **Varicella 1):**
- **Meningitis 1):**

**Pharmacy:**
- **Name:**
- **Phone:**

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**PERSONAL POCKET MEDICATION CARD**

**UNIVERSITY HEALTH SERVICES**
- UHS Main Campus
  - (513) 556-2564
- UHS Medical Campus
  - (513) 584-4457
- UHS Pharmacy (513) 556-6091

**Smart Tip:** Place this card directly behind your driver’s license or photo ID when storing in your wallet. In the event of an accident, this information will be valuable to emergency responders.

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**Medication Record**

<table>
<thead>
<tr>
<th>Date Taken</th>
<th>Dosage</th>
<th>Pill/Dose</th>
<th>Drug Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications Should be Included:**
- Prescriptions
- Non-prescription medications
- Over-the-counter medications
- Vitamins
- Herbs

Please note: It is important to record the name listed on the insurance and RX card exactly as it appears on the card. The Insurance card or copy of card (front and back) and photo ID should always be presented at the time of your visit to UHS.