GH

GOODWIN HOUSE
BAILEY'S CROSSROADS

Name: _____ Today's Date: _____
Address: _____ Sex: M / F
Phone: _____ Date of birth: _____
Doctor Name and Phone: _____
Pharmacy Name and Phone: _____
Emergency Name, Phone, Relationship: _____

Medications I should not take and why:
Medicine Name: _____ What happened? _____
Medicine Name: _____ What happened? _____
Medicine Name: _____ What happened? _____
Medicine Name: _____ What happened? _____
Medicine Name: _____ What happened? _____

My Medication List: Please list all medications you take. Include prescriptions, vitamins, over-the-counter, supplements, and herbal medcaitons. Iclude medications you got as samples, from the Internet, by mail order.

Medication name and dose	How I take it	Why I take it	Who told me to take it

Where do you store your medications? _____
_____
_____