

Phone Number:

Birth Date:

Name:

Kidney Care & Transplant Services of New England

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PATIENT MEDICATION LIST

(Fold this form and keep it in your wallet)

Address:

Emergency Contact / Phone numbers:					
Retail Pharmacy Name / Phone:					
IMMUNIZATION RECORD (record the month/year of last dose taken, if known)					
NEUMONIA VACCINE: FLU VACCINE:			TETANUS:		
Allergies (include description of reaction)		Allergies (include description of reaction)			
				- A 17/10 10	
LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING Include all prescription and over-the-counter medications (example: aspirin, antacids, vitamins) and herbals (example:					
ginseng, gingko). Also include medications taken only when needed (ex: nitroglycerin, acetaminophen).					
DATE STARTED NAME OF MEDICATION / DOSE / FREQUENCE	Y/DI	RECTIONS	DATE STOPPED	Reason for Taking	Doctor Name

PATIENT MEDICATION LIST INSTRUCTIONS

- 1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license so it will be available in case of an emergency.
- 2. Write down all of the medications you are taking. List all of your allergies and describe the type of reaction you have for each one (examples: rash, itching, wheezing).
 - 3. ALWAYS WRITE DOWN WHY YOU ARE TAKING EACH MEDICATION (examples: high cholesterol, high blood sugar, high blood pressure). Also, write down the name of the doctor who told you to take the medication.
- 4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICATIONS on this form. If you stop taking a certain medication, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to keep it up-to-date.
 - 5. Take this form to ALL doctor visits, when you go for tests, and ALL hospital visits.
 - 6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICATIONS TO TAKE AND WHICH MEDICATIONS TO STOP TAKING**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medications.

HOW DOES THIS FORM HELP YOU?

- 1. This form helps you and your family members **remember** all of the **medications you are taking** and **why** you are taking them.
- 2. This form provides your doctor(s) and others with a **current list of ALL of your medications**. Doctors also need to know the herbals, vitamins, and over-the-counter medications you take!
- 3. This form helps those who take care of you when you go the hospital. **KEEPING AN UP-TO-DATE LIST OF YOUR MEDICATIONS HELPS PREVENT MEDICATION ERRORS.**
- 4. This form helps you concerns may be found and prevented by knowing what medications you are taking. THE MORE YOU KNOW ABOUT YOUR MEDICATIONS, THE SAFER YOUR HEALTHCARE WILL BE.