

- Prescription medicines
- Over-the-counter medicines
- Vitamins
- Herbal remedies
- Nutrition pills
- Respiratory therapy medicines (such as inhalers)
- Blood factors (such as Factor VII)
- IV solutions
- IV nutrition

What medications should I list on the chart?

Other: _____

Flu: _____

Tetanus: _____

Pneumonia: _____

Dates of Most Recent Adult Immunizations

Name: _____

Phone: _____

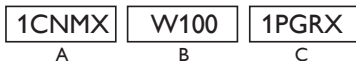
Pharmacy

Although medicines help you stay well, they can put you at risk for falling.

Review your medications list with a healthcare provider and ask about the risk of falling. For added peace of mind we encourage you to become a Philips Lifeline subscriber.

Philips Lifeline, the leading medical alert service, provides prompt, caring help and is available at the press of a button, 24 hours a day, 365 days a year.

For more information on Lifeline services, call **1-800-LIFELINE (1-800-543-3546)**



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Blood Type _____

Allergies _____

Phone: _____

Name: _____

Emergency Information

Phone: _____

State _____ Zip _____

City: _____

Address: _____

Name: _____

My Information



Medication Tracking Pocket Card



To help you keep track of all your medications, simply fill out this chart and keep it up to date as medications change. We encourage you to show it to your doctor or pharmacist so that he or she can identify any medications risks that could contribute to a fall.

Medication Information

Name of Medication	Strength or Dose	# of Pills/Schedule				Reason for Medication	Start Date	End Date
		Morn	Noon	Eve	Bed			
EXAMPLE: Norvasc®	10mg	1				High blood pressure	3/1/08	