## **Medical Information Wallet Card**

Be sure to read the Medication Safety Tips for Patients. Fill out, cut out, and fold the chart below and carry it with you at all times.

From the National Patient Safety Foundation



	My Patient Information						
	Name Home address Date of birth Home phone Mobile phone		phone			How to Use Your Medical Information Wallet Card:	
			Pharmacy phone Insurance Provider and ID# Emergency Contact phone			Medical Information Wallet Card	d Fill out your important Patient Information.
Fold here first						This Card Belongs To:	<ul> <li>Fill out the list of Medications. Include how to take them, what time of day, and the reason for taking them. Include prescription medications, non-prescription medications, over-the-counter medications, herbals, vitamins,</li> </ul>
	My Medications         Prescription medications, non-prescription medications, over-the-counter me herbals, vitamins and supplements.         Name of medicine       Dose (amount)					Medication errors are one of the main reasons for health care	
			(morning, noon, evening)	without food)		Carry this card with you at all times.	<ul> <li>and supplements.</li> <li>Fill out the list of <b>Allergies</b> that you have, including what your reaction is and how severe it is.</li> </ul>
							<ul> <li>Cut out and fold the Wallet Card and keep it in your wallet.</li> </ul>
						My Allergies Mild, moderate, sew life-threaten	on: ere, Always carry the Wallet Card
						Allergic to: Reaction:	<ul> <li>Bring the Wallet Card to every medical appointment.</li> <li>Keep the lists up to date and review them with your doctor and pharmacist.</li> <li>Medication errors are one of the main reasons for health care complications.</li> </ul>
						Allergic to: Reaction:	
						Allergic to: Reaction:	
						Allergic to: Reaction:	
						Allergic to: Reaction:	
						Produced by the National Patient Safety Foundation® ©2010 National Patient Safety Foundation <b>www.npsf.org</b>	
	Cut along dotted line	Fold here		Fold here		Fold here	