



Want to become  
a part of team

# MED Track?

Need Help Tracking your Medication?

The Med Form is designed to provide physicians and others with a current list of all your medicines including over-the-counter herbals and vitamins. Patients can become active participants in the healthcare team!

**Doctor's Name**                      **Phone Number**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pharmacy Name**                      **Phone Number**  
\_\_\_\_\_

**Medical Conditions**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vaccination Record:** (Include dates administered)

Tetanus \_\_\_\_\_

Pneumonia Vaccine \_\_\_\_\_

Flu Vaccine \_\_\_\_\_

Other \_\_\_\_\_

- List all your medicines on this form
- Always keep this list with you
- Share this with your doctor, nurse, pharmacist and care givers

Ask Questions - **It's OK**

- Why am I taking this medicine?
- How long do I take this medicine?
- Are there any side effects?
- Do I continue my other medicines?

### Medicine Abbreviation Definitions:

<b>ac:</b>	before meals
<b>bid:</b>	twice a day
<b>hs:</b>	at bedtime
<b>po:</b>	swallow it
<b>prn:</b>	as necessary
<b>q:</b>	every
<b>qd:</b>	every day
<b>quid:</b>	four times a day
<b>sig:</b>	write
<b>STAT:</b>	immediately

Med Form is also available at:  
[http://www.kaweahdelta.org/guide/med\\_form.asp](http://www.kaweahdelta.org/guide/med_form.asp)  
to download your med form today!



# MEDICINE TRACKER



Kaweah Delta  
HEALTH CARE DISTRICT

ID CARD HOLDER & RECORD KEEPER

[www.kaweahdelta.org](http://www.kaweahdelta.org)

