Medical Information Card

1. List all medicines, herbal supplements, over the counter and vitamins you are taking. Include medicine strength, why you take it, how much you take and when you take it.
2. Complete the MedCard with your personal medical information. Be sure to include your allergy information.
3. Show your MedCard to your doctor with each visit, at the hospital, at the emergency room, at your pharmacy. *(over)*

KishHealth System

Your Name _____

Kishwaukee Community Hospital
One Kish Hospital Dr., DeKalb, IL 60115
815.756.1521 ▪ www.kishhospital.org

Valley West Community Hospital
11 E. Pleasant Ave., Sandwich, IL 60548
815.786.8484 ▪ www.vwch.org

Emergency Contacts

Name _____
Number _____
Name _____
Number _____

Vaccinations: *(Date Given)*

Pneumovax _____
Influenza _____
Tetanus _____

Major Health Problems, Surgeries

Allergies / Reactions

Physicians Names / Numbers

Pharmacy Name / Number

Over The Counter Medications
(Vitamins, Herbals, Supplements)

Medical Information Card

4. Use pencil so you can make changes easily when your medications change.
5. Make sure your MedCard is updated during every visit to any of your physicians.
6. Keep your MedCard with you at all times!

Medication, Strength & Purpose	How Much	When I take it
SAMPLE: Atovastatin (Lipitor) 10mg Cholesterol	1 tablet	1 x/day bedtime

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