

Medication Record Form

Take this form with you each time you go to the doctor, pharmacist, or hospital.

Name

Phone #

Emergency Contact and Relationship

Phone #

Physician Name

Phone #

 333 Borthwick Avenue
Portsmouth, NH 03801
1-800-685-8282
www.portsmouthhospital.com

Allergies:

Medical Conditions:

Nonprescription medications,
vitamins, herbals and supplements:

**Prescription Medications
Name and Strength**

Example: Warfarin 2mg

What is it for?

Blood Thinner

**How much to take
and when**

1 tablet in evening
