Prairie HEART INSTITUTE *of Illinois*

Patient Home Medication List

Please give a copy to your emergency contact. Udpate this list when medications change. Include **ALL** prescription drugs, over-the-counter medications, vitamins, eye drops, creams, herbal supplements, patches, inhalers, insulin, etc.

Name:_____

D.O.B. _____

Allergies: _____

Pneumonia shot date: _____

Flu Shot Date:_____

Emergency Contact: _____

Phone #: _____

Primary Care Physician: _____

Cardiologist: _____

Insurance Provider _____

Pharmacy You Use:_____

You can download a copy of this medication list on our web site: ***www.prairieheart.org/medlist***

Medication	Dosage	How Often	Reason