

## Conditions I am being treated for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Medications, Allergies & Sensitivities

Medication & Type of Reactions/Date of Reaction

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### ALWAYS KEEP THIS CARD WITH YOU.

How does this card help you?

- Improves MEDICATION SAFETY
- Improves communication

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Phone # \_\_\_\_\_

For Emergencies (Name) \_\_\_\_\_

At (Phone #) \_\_\_\_\_



WASHINGTON TOWNSHIP  
MEDICAL GROUP, INC.

**Personal Medication Card**

WTMG: 866-710-9864

