



DAMERON HOSPITAL

Your Community Hospital

(209) 944-5550

525 WEST ACACIA STREET STOCKTON, CA 95203
WWW.DAMERONHOSPITAL.ORG

NAME _____

DATE OF BIRTH _____

EMERGENCY CONTACT INFORMATION

NAME _____

PHONE _____

RELATIONSHIP _____

VITAL HEALTH INFORMATION

_____ One-time Pneumococcal Shot (*pneumonia*)
DATE

_____ Tetanus (every 10 years)
DATE

Please list Allergies & other Health Issues

MEDICATION LIST

List all of your prescription and over-the-counter medicines, vitamins, herbs, dietary supplements, and homeopathic remedies, include the amount of alcohol you consume on a daily or weekly basis, and any recreational drugs you take. It's important to include all of this information in case of emergencies. Include the dose or amount of medication that you usually take and how often or what time of day you take it, even if you take it only occasionally.

Carry this list with you and share it with your pharmacist, doctor or other caregiver.

My MEDICATION LIST			
MEDICATION/HERB/VITAMIN, ETC.	DOSE/STRENGTH	MEDICATION/HERB/VITAMIN, ETC.	DOSE/STRENGTH

NAME _____ BIRTHDATE _____