1550 North 115th Street
Seattle, WA 98133
(206) 364-0500
www.nwhospital.org

Free Physician Referral Line: (206) 633-4636

NORTHWEST HOSPITAL & MEDICAL CENTER

MY PERSONAL MEDICATION RECORD

My Name: _____ **I am allergic to:** _____

My Primary Doctor: _____ _____

My Primary Doctor Phone: _____ **Date of last Tetanus Vaccine:** _____

My Pharmacy: _____ **Date of last Pneumonia Vaccine:** _____

My Pharmacy Phone: _____ **Date of last Flu Vaccine:** _____

Medication Name	*Strength*	*How & When I Take It*