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:_____

My Primary Doctor:_____

My Primary Doctor Phone:_____

My Pharmacy:_____

My Pharmacy Phone:_____

I am allergic to:_____

_____

Date of last Tetanus Vaccine: _____

Date of last Pneumonia Vaccine:_____

Date of last Flu Vaccine:_____

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