UNIVERSAL MEDICATION FORM

(युउनीवर्सल् मेदिकैसुन् लिस्त)

Fold this form and keep it in your wallet

(फोल्द गरेर पकेत् मा राख्नुहोस्)

Date form started:

(सुरु गरेको तिथि)

Name: **(नाम्)**	**Address:** **(दिरेक्सोन्)**
Phone Number: **(फोन नम्बर)**	
Birth Date: **(जन्म तिथी)**	
Emergency Contact/Phone numbers: **(एमर्जेन्सी कोन्ताक्त् फोन् नुम्बर्)**	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)
(इम्मुनैजे गरेको रेकोर्द (अघिल्लो दोसे लिएको रेकोर्द गरेको तिथी या बर्ष)

TETANUS (तीतानुस्)	FLU VACCINE(S) (फ्लु वाक्सिन)	
PNEUMONIA VACCINE (नेउमोनिआ वक्सिन)	HEPATITIS VACCINE (हेपतैतिस)	**OTHER** **(अरु)**

Allergic To / Describe Reaction: **(अल्लेर्जी रीअक्सिन)**	**Allergic To / Describe Reaction:** **(अल्लेर्जी रीअक्सिन)**

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

(औषधी लिएको भये विवरण बताउनुस्: प्रेस्क्रिप्सुन य ओवर कोउन्तर औषधी को विवरण (एक्सम्प्ल्: अस्पिरिन्, अन्तसिद्) (एक्सम्प्ल्: जिन्सिङ्, जिन्को) (एक्सम्प्ल्: नैत्रोग्लीसरिन् ।)

DATE STARTED (सुरु गरेको तिथि)	**NAME OF MEDICATION / DOSE** **(औसधि को नाम् /दोज्)**	**DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)** **(दिएरक्सुन्: पसेन्त् फ्रिएन्द्ली दिएरक्सुन्। (मेदिकल् अब्ब्रेवसोन् युज् न गर्नु होला)**	**DATE STOPPED (रोकेको तिथि)**	**Notes: Reason for Taking / Doctor Name** **(लियेको करन् दाक्तर् को नाम्)**

Refer to back of form for directions, benefits of using the form, and how to get more copies.

(दिरेक्सोन् को लागि यो फोर्म् को पचादि हेर्नु होला, फाइद को लागि अरु कपी बनाउनुउ होला ।)

UNIVERSAL MEDICATION FORM

(युउनीवर्सल् मेदिकैसुन् लिस्त)

Patient:

(बिरामि)

Primary Physician _____ Telephone Number _____

(दाक्तर्) **(तेलीफोन्)**

Preferred Pharmacy _____ Telephone Number _____

(फार्मेसी) **(तेलीफोन्)**

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
   (एमर्जन्सी को लगि फोल्द् गरेर सधै अफै सङ रख्नु होस् ।)

2. Write down all of the medicines you are taking and list all of your allergies.
   (युज् गरेको औसधि र एल्लेर्जी को बरेम लेख्नु होस् ।)

3. Take this form to **ALL** doctor visits, when you go for tests and **ALL** hospital visits.
   (दक्तुर् कहा जाद र तेस्त् को लगि जान्दा, होस्पितल् जान्दा लियेर जनु होस् ।)

4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to **keep it up-to-date.**
   (औसधि चेन्ज् भयेको को बरेम लेख्नु होस्। यदि कुनै औसधि रोकेको ६ भने, लाइन् कोरेर रोकेको तिथि लेख्नु होस्, यदि कुनै औसधि रोकेको ६ भने, लिनेआफ्नो परिवर्, दुक्तुर्, फार्मकिस्त् र नुर्से को सहयेत लियेर लिस्त् उप्दते गर्नु होस् ।)

5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
   (कुन् दाक्तर् ले कुन् औसधि दियेको हो भनेर लेख्नु होस्. औसधि लियेको कारन् पनि लेख्नु होस् ।) (एक्साम्पल्: ब्लद् प्रेस्सुर्, हैए रगत् ग्लुकोस्, हैए कोलेस्तेरोल् ।)

6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.
   (हस्पितल् बात निस्के पचि, कसैले तपाइ सङ्ग् कुन् औसधि रोक्ने कि सुरु गर्ने भन्ने बरेमातपाइ को औसधि को बारेमा कुरा गर्ने ६ । हस्पितल् बस्दा औसधि हरु चेन्ज् हुन्६ तेहि भयेर बेल बेल मा नय लिस्त् बनौनु होला । अनि दक्तोर् को म जन्दा, यो नया लिस्त् लियेर जानु होला । यसो गर्नु भयेमा सबै जाना लै चेन्ज् को बारेमा थाहा हुउन्६ ।)

7. For additional copies of this form, visit www.tnpharm.org.
   (यो फोरुम् को अरु कपि चहियेमा यहा जानु होला www.tnpharm.org I)

HOW DOES THIS FORM HELP YOU?

(यो फोरुम् ले तपै लैई कसरि सहयोग् गर्ने६?)

1. This form helps you and your family members **remember** all of the **medicines you are taking**.
   (तपाइ ले लियेको औसधि को बरेमा तपाइ को परिवार् लै थहा हुउने ६ I)

2. Provides your doctor(s) and others with a **current list of ALL of your medicines**. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
   (अफ्नो दक्तर् लै अफुले लियेको औसधि को बरेम सधै भन्नुहोला I

If you have any questions about your medications, ask your health care providers or if after hours call the Poison Center at 1-800-222-1222.

(यदि औसधि को बरेमा कुनाइ प्रस्न भयेमा, अफ्नो दाक्तर् वा लै फोन् गर्न् होल या यो फोन् नुम्बर् मा फोन् गर्नु होला पोइजन् कन्त्रोल् सेन्तेर् १-८००-२२२-१२२२)

(Nepali conversion through http://www.unicodenepali.com/v2/convert/index.html)

Adapted from form developed by AnMed Health and South Carolina Hospital Association 2004.

TMA Tennessee Medical Association

TNA Tennessee Nurses Association

THA Tennessee Hospital Association

Tennessee Academy of Family Physicians

TDA Tennessee Dental Association

Tennessee Poison Center

BlueCross BlueShield

Tennessee Pharmacists Association Organized 1884