



*Compliments of*

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# **MEDICATION PASSPORT OF**

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*Compliments of*

## **SENATOR WAYNE D. FONTANA**

42nd Senatorial District

*A Message from*

## **SENATOR WAYNE D. FONTANA**



*Medications can be an effective means of maintaining one's quality of life. As a patient, you have a responsibility to maintain a complete record of the medications — both prescription and over-the-counter — that you take*

*and to inform your health care providers and pharmacists about your usage.*

*Take this guide with you when you visit your physician or pharmacist to ensure you get the services you need to help you stay healthy.*

*If you need additional copies of this booklet, contact one of my offices listed on the back cover of this publication.*

*Wayne D. Fontana*  
**Senator Wayne D. Fontana**

## NOTES

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Blood Type \_\_\_\_\_

### Drug Allergies / Sensitivities

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## Insurance Identification Numbers

Health Insurance Carrier \_\_\_\_\_

Insurance No. \_\_\_\_\_

Supplemental Health Insurance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance No. \_\_\_\_\_

HMO Name \_\_\_\_\_

Insurance No. \_\_\_\_\_

Medicare A \_\_\_\_\_

Medicare B \_\_\_\_\_

Blue Cross \_\_\_\_\_

Blue Shield \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Tips for wise usage of medicines

1. Take exact amount prescribed.
2. Never take someone else's medicine.
3. Always tell the doctor about past problems with medications.
4. Keep a daily record.
5. Throw out old medicines.
6. Call the doctor promptly if you notice any side effects.
7. Keep drugs in original containers.
8. Avoid alcoholic beverages.
9. Keep medicine out of the reach of all children.

<b>DO YOU HAVE:</b>	DATE DIAGNOSED
<input type="checkbox"/> Diabetes: <input type="checkbox"/> <i>Type 1</i> <input type="checkbox"/> <i>Type 2</i>	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Alcohol Abuse	
<input type="checkbox"/> Urinary Incontinence	
<input type="checkbox"/> Cancer: <i>Type</i>	
<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

### **Emergency Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do you have a caregiver?

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### **Important Phone Numbers**

Pharmacist \_\_\_\_\_

Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Specialty \_\_\_\_\_

Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Specialty \_\_\_\_\_

Phone \_\_\_\_\_

## WHAT YOU SHOULD KNOW ABOUT MEDICATIONS

- Before your doctor visit, make a list of any questions you have and a list of all medication you are taking. This will save both you and the doctor time.

### Ask your doctor:

- What is the name of the medication?*
- Why am I taking it?*
- How often should I take it?*
- How long must I take it?*
- Is there a generic equivalent right for me?*
- Will the instructions be given in writing?*
- Are there any side effects*

- Your pharmacist can provide you with valuable information about your prescription such as special instructions or if a generic drug is available. Your pharmacist can be a key to assuring proper use of your medication.

## REMEDIES I AM CURRENTLY TAKING

USE YOU ARE NOT TAKING.

DIRECTIONS	PRESCRIBER	COMMENTS

*itten prescriptions or receipts for reimbursements.*

# MEDICATIONS AND OTHER HEALTH

USE A PENCIL. ERASE THE

DATE	MEDICATION	QUANTITY

NOTE: Entries are not a substitute for legally w

## Ask your pharmacist:

- Can you provide easy to open containers?
- Will you type the label in large print?
- Do you keep a list of all prescriptions you fill for me?
- What do I do if I miss a dose?
- Will over-the-counter medications interact?
- What other cautions should I observe?

■ Older persons use medication more frequently than any other age group. Medications include those prescribed by your doctor and those you buy over-the-counter such as laxatives and cold tablets. Mixing any medications with alcohol, certain foods, and other medications can reduce the benefit or cause dangerous interactions.

## Ask yourself:

- Do I take medication on time?
- Do I take the correct amount?
- Do I stop taking it too soon?
- Do I mix it with alcohol?  
Food? Other medications?
- Do I inform my doctor of all medications I am taking?

# MEDICATIONS AND OTHER HEALTH REMEDIES I AM CURRENTLY TAKING

*USE A PENCIL. ERASE THOSE YOU ARE NOT TAKING.*

DATE	MEDICATION	QUANTITY	DIRECTIONS	PRESCRIBER	COMMENTS

*NOTE: Entries are not a substitute for legally written prescriptions or receipts for reimbursements.*