

## Why do I need to fill out this form?

- We need a written list of all your medications and how you take them.
- Your healthcare team needs this to properly care for you during and following your hospital stay.



## What can I do if I do not have this information with me?

- Call a family member or friend to bring your medications to you.
- Call your pharmacy for a list of your medications.
- Discuss your medications with your nurse or doctor.

## What do I need to include?

- Include all the medications you take such as pills, inhalers, eye drops, patches, injections, creams, and so on.
- Also include the medications you buy over the counter such as herbal products and vitamins.
- How much of each you take.
- How often you take it.
- What allergies you have to medications and your reactions.

## Please keep this list with your Health Card

Can't Afford Your Medicines?  
**We May Be Able To Help!**

**CMH's PHARMACY Connection**

A FREE, eligibility-based medication assistance program through the CMH Foundation and a service of Community Memorial Healthcare.

**(434) 774-2584**

Made possible through a grant by the Virginia Health Care Foundation & Excellence Virginia



# Your Medication List



Provided by:

**Community Memorial Healthcenter**

125 Buena Vista Circle  
South Hill, Virginia 23970  
**(434) 447-3151**

[www.cmh-sh.org](http://www.cmh-sh.org)

