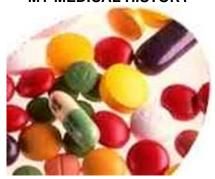
My medications	Dose	Times/Day
		,
		<u> </u>
	· ·	-
	-	
		<u> </u>
Over the Counter	Medications	3
i.e.Vitamins/herbal med	ds)	
	· -	
	· -	<del></del>
		<u> </u>
mmunizations (Pr	neumovax, Flu)	
Name of Vaccine		When received
Drug/Food Allera	ies/Intoleran	ces/Reactions
Drug/Food Allerg	ies/Intoleran	ces/Reactions
	ies/Intoleran	ces/Reactions
ist all known		ces/Reactions
uist all known	DRY	
uist all known	DRY	
List all known	DRY	
Drug/Food Allerg List all known  MEDICAL HISTO List all your medical cor	DRY	
List all known	DRY	



## St. John's Mercy Medical Center 615 S. New Ballas Road St. Louis, MO 63141 (314) 251-6000

Physician's Name and	Phone
Emergency Contact	
Pharmacy and Phone	

## MY MEDICAL HISTORY



Name	
Address	
City	ST Zip
Phone	
Date of Birth	_
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