VIACTIV Krankenkasse

YOUR MEDICATION PASS Ihr Arzneimittelpass

It is essential that all parties concerned have the relevant information for a medication therapy to be optimal. This medication pass will help you, your pharmacy and your practitioner in this respect. This is how it works:

- Please enter all medication frequently taken, whether prescribed or bought yourself.
- Your doctor or pharmacist will help you with the entries, e.g. active agent and potency. The respective information can also be found on the package and/or enclosed information leaflet.
- Regarding the type of medication, please enter, for example, whether tablets, ointment, or syrup are concerned.
- With regard to "Times and quantity of intake", please enter when and how much medication you take. **For example:** If you take two tablets in the morning, none at lunchtime, half a tablet in the afternoon and one at night, you enter 2 – 0 – 0.5 – 1 in the respective column.
- Please also enter any allergies or (medication) intolerance.

You should keep this detailed overview of the medication you take on you at all times. Present this medication pass to your doctor at each visit, and to your pharmacists each time you buy medication. Thus, your doctor/pharmacist can select an appropriate active agent.

In an emergency, this information can help save your life!
We wish you good health!

Your VIACTIV Krankenkasse

Personal data Persönliche Angaben

Name Name	
First name Vorname	
Date of birth geboren am	
eGK number eGk-Nr.	
Street Straße	
Street number Hausnr.	
PLZ PLZ	
City Ort	
Landline phone Telefon	
Mobile phone Mobil	
E-Mail E-Mail	

Information on family physician
Angaben Hausarzt

Name Name	
Street Straße	
Street number Hausnr.	
PLZ PLZ	
City Ort	
Landline phone Telefon	
Mobile phone Mobil	
E-Mail E-Mail	

Attention to be paid to Zu Beachten

- ☐ Pregnancy Schwangerschaft
- ☐ Lactation Stillzeit
- ☐ Dialysis Dialyse

Allergies/intolerances
Allergien / Unverträglichkeiten

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For intake Zur Einnahme

Illness Erkrankung	Active agent Wirkstoff	Potency Wirkstärke	Type of medication Arzneiform	Brand name Handelsname	Times and quantity of intake Zeitpunkt und Menge der Einnahme: morning morgens	lunchtime mittags	evening abends	At night zur Nacht	Information on intake Einnahme-Hinweis

For external application Zur äußeren Anwendung

Illness Erkrankung	Active agent Wirkstoff	Potency Wirkstärke	Type of medication Arzneiform	Brand name Handelsname	morning morgens	lunchtime mittags	evening abends	At night zur Nacht	Information on medication administration Anwendungs-Hinweis

Emergency medication/to be taken if needed Notfall-Arzneimittel / bei Bedarf anzuwenden

Illness Erkrankung	Active agent Wirkstoff	Potency Wirkstärke	Type of medication Arzneiform	Brand name Handelsname	morgens morgens	mittags mittags	abends abends	zur Nacht zur Nacht	Information on medication administration Anwendungs-Hinweis