

PERSONAL MEDICATION LIST

Name:	DOB:
Primary Physician:	Physician Phone:
Pharmacy:	Pharmacy Phone:

Fill out the sections below to create your own Personal Medication List. If you go to the hospital or emergency room, take this list with you. Share this with your family and caregivers too.

Keep this list up-to-date with all of your prescription medications, over the counter drugs, herbal products, vitamins, and minerals.

- Medication – List the medication name, strength, and dosage form (tablet, capsule, patch, cream, ointment, injection, etc)
- How I use it – Write down the directions your prescriber or pharmacist told you on how you should take your medications
- Why I use it – List the reason you are taking this medication (i.e. for treatment of high blood pressure, diabetes, asthma, etc)
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit

Allergies or side effects Medications:

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I Started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I Started using it:	Date I stopped using it:
Why I stopped using it:	

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How I use it:	
Why I use it:	Prescriber:
Date I Started using it:	Date I stopped using it:
Why I stopped using it:	

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Other Information:
