

Patient name: _____

Include all prescription and over-the-counter medications taken on a daily or regular basis, such as diabetes, high blood pressure, cholesterol, or heart medications, aspirin, skin creams and lotions, inhalers, injections, allergy medications, vitamins and herbal supplements. See examples below.



**DEPARTMENT OF
PATIENT AND FAMILY
CAREGIVER RESOURCES**

[illegible]

Daily/Regular Medication List

Patient name: _____

Include all prescription and over-the-counter medications taken on a daily or regular basis, such as diabetes, high blood pressure, cholesterol, or heart medications, aspirin, skin creams and lotions, inhalers, injections, allergy medications, vitamins and herbal supplements. See examples below.



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[illegible]