

Personal Medication List

Name: _____ Date Of Birth: _____

Date Prepared: _____

This medication list may help you keep track of your medications and how to use them the right way.

Instructions:

- Use this blank form to add prescription medications, over the counter drugs, herbal products, vitamins, and minerals.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

Allergies or side effects (list by medication and include allergy/side effect):

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
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:
Notes:	
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:
Notes:	
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:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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Notes:	
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Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other information (List any details you want to note about your medications): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider.



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