

My Medication List



Name:	
Date of birth:	Date prepared:
PCP name:	PCP phone #:

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.
- 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.
- If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

Allergies to medications:

Medication	How I take it	Why I use it	Prescriber



