

PERSONAL MEDICATION LIST FOR	DOB:
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This medication list may help you keep track of your medications and how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- 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 in your care team to update this list at every visit.

Keep this list up-to-date with: <ul style="list-style-type: none"> <input type="checkbox"/> prescription medications <input type="checkbox"/> over the counter drugs <input type="checkbox"/> herbals <input type="checkbox"/> vitamins <input type="checkbox"/> minerals
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If you go to the hospital or emergency room, take this list with you. Share this with your family and caregivers too.

DATE PREPARED:

Allergies or side effects:

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:	

PERSONAL MEDICATION LIST FOR	DOB:
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(Continued)

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:	

Other Information:

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