

PERSONAL MEDICATION LIST FOR

DOB:

This medication list may help you keep track of your medications and remind you 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 to update this list at every visit.

Keep this list up to date with:

- □ prescription medications
- \Box over-the-counter drugs
- □ herbals
- □ vitamins
- \Box minerals

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

DATE PREPARED:

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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:	

How I use it: Prescriber: Why I use it: Date I stopped using it: Date I started using it: Date I stopped using it: Why I stopped using it: Date I stopped using it: PERSONAL MEDICATION LIST FOR DOB: (Continued) Medication: How I use it: Prescriber: Why I use it: Prescriber: Notes: Date I stopped using it: Date I started using it: Date I stopped using it: Medication: How I use it: Medication: Prescriber: Notes: Date I stopped using it: Medication: Prescriber: Motes: Date I stopped using it: Medication: Prescriber: Motes: Date I stopped using it: Muse it: Prescriber: Notes: Date I stopped using it: Medication: How I use it: Medication: How I use it: Medication: How I use it: Medication: Why I use it: Medication: Why I use it: Medication: Why I use it: Medication: Pres	Medication:	
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Other Information:

If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a pharmacist at 1-800-977-7532 (TTY: 711). We are here Monday through Friday, 6 a.m. to 6 p.m. Pacific Time.