My Medication List

This list could save MY life!

Name: _____ Physician: _____ Phone: _____
Address: _____ Physician: _____ Phone: _____
City: _____ State: _____ Zip: _____ Birthdate: _____ Physician: _____ Phone: _____
Emergency Contact: _____ Pharmacy: _____ Phone: _____
Relationship: _____ Phone: _____ Pharmacy: _____ Phone: _____
Medical History: _____
Drug Allergies:

Medication	Strength	How often?	Comments	Medication	Strength	How often?

***REMEMBER TO UPDATE YOUR MEDICATIONS – Mark out medications that are discontinued. Add new medications started.**

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How to Use *My Medication List*

- Complete all the information on the form. List **Everything** that you take. This includes prescription medicines, over-the-counter medicines, herbal medicines and vitamins even if you take them only occasionally.
- Keep the information on the list **Up-To-Date**. Anytime your medications change, update the list. If you need help, ask your doctor, nurse, pharmacist or family member to help you.
- Carry your medication list with you. Place it in your wallet or purse with other identification cards such as your license or insurance card.

- Take this list to all healthcare visits. Take it when you go to the doctor for a visit or for a medical test. Take it to the hospital, to the pharmacy or any location where you will receive healthcare services.

Medication Safety Tips

- Be informed; learn the name of your medication, why you are taking it, how to take it, when and how long to take it and what possible side effects it may have.

- Take your medicine as prescribed and do not stop taking it without asking your doctor.

- Discuss your current medications with your pharmacist or doctor before taking any new medications (including over-the-counter medicine, vitamins and herbal supplements).

- Use one pharmacy for all your medications.