

| | |
|-------------------------------------|------|
| 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
- over-the-counter drugs
- herbals
- vitamins
- 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:

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:** _____
 (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: | |

| | |
|---------------------------------|---------------------------------|
| 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: |
| (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 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.