

Medication List for: _____

DOB: _____

Medication List

Prepared on: _____



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber

Medication List for: _____ DOB: _____



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber



Allergies:



Side effects I have had:

Medication List for: _____ DOB: _____



Other information:



My notes and questions:

