



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:**

Large empty rectangular box for listing allergies.

Medication List for: \_\_\_\_\_

DOB: \_\_\_\_\_

 **Side effects I have had:**

 **Other information:**

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 **My notes and questions:**