

Medication List for *Name*: \_\_\_\_\_, 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



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

Medication List for *Name*: \_\_\_\_\_, DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication	How I take it	Why I use it	Prescriber



**Allergies:**



**Side effects I have had:**

Medication List for *Name*: \_\_\_\_\_, DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Other information:**



**My notes and questions:**