

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	How I take it	Why I use it	Prescriber

Medication List for *Name:* _____ *DOB:* ____/____/____

 **Allergies:**

 **Side effects I have had:**

 **Other information:**

 **My notes and questions:**