

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:

Medication List for:

DOB:

 **Side effects I have had:**

 **Other information:**

 **My notes and questions:**