

PERSONAL MEDICATION LIST FOR Patient Name, DOB: MM/DD/YYYY

This medication list was made for you after we talked. We also used information from clinical data provided by your physician and/or your pharmacy claims.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: MM/DD/YYYY

Allergies or side effects:

Allergies: No Known Allergy

Medication:

How I use it:

Why I use it :

Prescriber:

Date I started using it :

Date I stopped using it:

Why I stopped using it:

PERSONAL MEDICATION LIST FOR Patient Name, DOB: MM/DD/YYYY

(Continued)

Medication:	
How I use it:	
Why I use it :	Prescriber:
Date I started using it :	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it :	Prescriber:
Date I started using it :	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it :	Prescriber:
Date I started using it :	Date I stopped using it:
Why I stopped using it:	

Other Information:
