

Medication List for Name:

, DOB:

## Medication List

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Prepared on:

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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

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

<b>Medication</b>	<b>How I take it</b>	<b>Why I use it</b>	<b>Prescriber</b>



**Allergies:**

Large empty rectangular box for entering allergy information.

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**Side effects I have had:**



**My notes and questions:**