

Personal Medication List for: _____ Date of birth: _____
your name



Medication List

Prepared on: _____

Comprehensive Medication Review date



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

 **Allergies:**

 **Side effects I have had:**



Other information:



My notes and questions: