Peoples Health
Three Lakeway Center
3838 N. Causeway Blvd., Ste. 2200
Metairie, LA 70002

PEOPLES HEALTH

PERSONAL MEDICATION LIST FOR

NAME:_____

DATE OF BIRTH: _____

This medication list may help you keep track of your medications and how to use them the right way.

Keep this list up-to-date with:

- ☐ Prescription medications
- ☐ Over-the-counter drugs
- ☐ Herbals
- ☐ Vitamins
- ☐ Minerals

DATE PREPARED: _____

Allergies or side effects: *Describe your allergies and adverse drug reactions including medications and their effects*

Medication: *Include the generic name and brand name, strength, and dosage form*

How I use it: *Describe your regimen, including strength, dose and frequency (e.g., 1 tablet (20mg) by mouth daily), use of related devices and any other instructions*

Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR

NAME: _____ DATE OF BIRTH: _____

(Continued)

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

PERSONAL MEDICATION LIST FOR

NAME: _____ DATE OF BIRTH: _____

(Continued)

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
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PERSONAL MEDICATION LIST FOR

NAME: _____ DATE OF BIRTH: _____

(Continued)

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
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PERSONAL MEDICATION LIST FOR

NAME: _____ DATE OF BIRTH: _____

(Continued)

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Date I started using it:	**Date I stopped using it:**
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PERSONAL MEDICATION LIST FOR

NAME: _____ DATE OF BIRTH: _____

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Other information:

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider.