

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: