

PERSONAL MEDICATION LIST FOR _____, DOB: _____

This medication list was made for you after we talked. We also used information from _____.

- 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: _____

Allergies or side effects:

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:

PERSONAL MEDICATION LIST FOR _____, DOB: _____	
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:	

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:	

PERSONAL MEDICATION LIST FOR _____, DOB: _____	
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:

If you have any questions about your medication list, call our Customer Service department at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m., local time.

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