

Personal Medication List	
Name:	Date of Birth:

<ul style="list-style-type: none"> • Use blank rows to add new medications. • Fill in the dates you started using them. • Cross out medications when you no longer use them. • 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: <ul style="list-style-type: none"> <input type="checkbox"/> Prescription Medications <input type="checkbox"/> Over the Counter Drugs <input type="checkbox"/> Herbal Supplements <input type="checkbox"/> Vitamins <input type="checkbox"/> Minerals
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If you go to the hospital or emergency room, take this list with you.
Share this with your family or caregivers.

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:	

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