



Front Keep this list with you all the time. Take this list with you to every office visit, every time you have to go to the hospital, and every time you pick up your prescriptions. Make sure to keep this list up to date - update it after every visit and at least twice a year.

My Medication List			
My Name:			
My Contact Information	Address:	Telephone Number:	Emergency Contact Name and Telephone Number:
My Pharmacies	Name	Telephone Number	City, State
My Doctors	Name	Why I See Them	Telephone Number
My Allergies	1.	2.	3.
My Immunizations	Immunization	Date of Last Dose	Date I need my next dose
	Flu		
	Tdap (tetanus, diphtheria, pertussis)		
	Pneumonia		
	Hepatitis B:		
	Other:		

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My Medicines				
Medicine Name (e.g., Atenolol)	When Do I take it? (e.g., when I get up in the morning)	How many do I take? (e.g. 100 mg tablet, 1 tablet 1 time a day)	Why do I take it? (e.g., high blood pressure)	Who told me to take it? (e.g., Dr. Smith)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Date I last updated this list: _____

Don't forget to include medicines other than pills (like patches, eye drops and injections), over-the-counter medicines, medicines you take at different times of the day or only once a week, and medicines you only take as needed. Copy additional pages of this form as needed.