

PERSONAL MEDICATION LIST FOR _____

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 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:
Other (specify):	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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Medication:	
How I use it:	
Why I use it:	Prescriber:
Other (specify):	
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:
Other (specify):	
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:
Other (specify):	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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Medication:	
How I use it:	
Why I use it:	Prescriber:
Other (specify):	
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:
Other (specify):	
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 1-877-866-3735, Monday through Friday, 7 a.m. to 5 p.m. TTY/TDD users should call 1-800-367-8939.

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