SinfoníaRx

Santa Clara Family Health Plan™

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:	

PERSONAL MEDICATION LIST FOR _____

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:	

PERSONAL MEDICATION LIST FOR _____

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.