



PERSONAL MEDICATION LIST FOR	DOB:
-------------------------------------	-------------

This medication list may help you keep track of your medications and remind you how to use them the right way.

- 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:
NOTES:	
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:
NOTES:	
DATE I STARTED USING IT:	DATE I STOPPED USING IT:
WHY I STOPPED USING IT:	

PERSONAL MEDICATION LIST FOR _____ **DOB:** _____

(CONTINUED)

MEDICATION:	
HOW I USE IT:	
WHY I USE IT:	PRESCRIBER:
NOTES:	
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:
NOTES:	
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:
NOTES:	
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:
NOTES:	
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:
NOTES:	
DATE I STARTED USING IT:	DATE I STOPPED USING IT:
WHY I STOPPED USING IT:	

PERSONAL MEDICATION LIST FOR	DOB:
-------------------------------------	-------------

(CONTINUED)

MEDICATION:	
HOW I USE IT:	
WHY I USE IT:	PRESCRIBER:
NOTES:	
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:
NOTES:	
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:
NOTES:	
DATE I STARTED USING IT:	DATE I STOPPED USING IT:

WHY I STOPPED USING IT:

OTHER INFORMATION:

IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATIONS, TALK TO YOUR DOCTOR OR PHARMACIST OR YOU MAY CALL AND SPEAK WITH A PHARMACIST AT 1-800-977-7532 (TTY:711). WE ARE HERE MONDAY THROUGH FRIDAY, 6 A.M. TO 6 P.M. PACIFIC TIME.