

# **PERSONAL MEDICATION LIST FOR:** This medication list may help you keep track of your medications and how to use them the right way. • Use blank rows to add new Keep this list up-to-date with: medications. Then fill in the dates you started using them. □ prescription medications • Cross out medications when you no $\Box$ over the counter drugs longer use them. Then write the date □ herbals and why you stopped using them. □ vitamins • Ask your doctors, pharmacists, and $\square$ minerals other healthcare providers to update this list at every visit. 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:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
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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 medication list, call your physician, pharmacist, or medication therapy management provider.