

**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:**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

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(Continued)	

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<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
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**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.