

Personal Medication List

 If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers. Use blank rows to add new medications. Then fill in the dates you started using them. Cross out medications when you no onger 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
First Name	Last Name	
Allergies or side effects		
Medication :		
How I Use It :		
Why I Use It :	Prescriber :	
Date I Started Using It :	Date I Started	d Stopped Using It :
Why I Stopped Using It :		

Medication :	
How I Use It :	
Why I Use It :	Prescriber :
Date I Started Using It :	Date I Started Stopped Using It :
Why I Stopped Using It :	
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Date I Started Using It :	Date I Started Stopped Using It :
Why I Stopped Using It :	

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			Why I Use It :	Prescriber :
			Date I Started Using It :	Date I Started Stopped Using It :
Why I Stopped Using It :				
Other Information :				

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