



<b>PERSONAL MEDICATION LIST FOR:</b>	<b>DOB:</b>
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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 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:**

<b>Allergies or side effects:</b> <i>Include allergies and adverse drug reactions including the medications and their effects.</i>

<b>Medication:</b> <i>Include generic or brand name for current/active medications.</i>	
<b>How I use it:</b> <i>Include strength, dose, and frequency (e.g., 1 tablet (20 mg) by mouth daily).</i>	
<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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<b>Other Information:</b>
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If you have any other questions about your medication list, call your physician, pharmacist, or medication therapy management provider.