

My Personal Medication Record

➤ My Personal Information

Name: _____

Date of Birth: _____

Phone Number: _____

➤ Emergency Contact

Name: _____

Relationship & Phone Number: _____

➤ Primary Care Physician

Name: _____

Phone Number: _____

➤ Pharmacy/Drugstore

Pharmacist: _____

Phone Number: _____

➤ Other Physicians

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

➤ My Allergies

How to use this Guide:

- Use this record to keep track of your medications, including prescription drugs, over-the counter (OTC) drugs, herbal supplements, and vitamins.
- Share the information with your doctors and pharmacists at all visits.
- Keep it always with you.
- Use a pencil.

You should review this record when:

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

Last updated: ____ / ____ / ____

➤ My Medical Conditions

What I'm Taking	Reason for Use	Form <i>(pill, patch, liquid, injection, etc.)</i>	Dosage	How Much & When	Use <i>(regularly or occasionally)</i>	Start/Stop Dates <i>(1/05/05 – 3/05/05) (1/01/94 – ongoing)</i>	Notes or Special Directions
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***Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.**

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