

Personal Medication List

| Prescription Medications | Purpose or Reason Taken | Dose | Time(s) of Day | Form (Liquid, capsule, tablet) | Special Instructions |
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| Over-the-Counter Medications | Purpose or Reason Taken | Dose | Time(s) of Day | Form (Liquid, capsule, tablet) | Special Instructions |
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Health Problems _____
Primary Doctor _____ **Doctor's Phone** _____
Local Pharmacy _____ **Pharmacy Phone** _____
Drug Allergies _____ **Your Phone** _____
Your Name _____ **Date** _____

Instructions for Personal Medication List

- Write the name of each medication you take, the reason, the dose, etc.
- In the last column, write special instructions such as “with food,” etc.
- In the over-the-counter section, include vitamins, nutritional supplements, pain relievers, antacids, laxatives and /or herbal remedies.
- Carry the list with you in a purse or wallet with your medical cards.
- Add new medicines when you start taking them.
- Make copies of the blank form so you can use it again as your medications change.
- To save paper, you may want to print this form front and back.