Allergies or side effects:



PML23

## **PERSONAL MEDICATION LIST FOR**

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.
- Keep this list up to date with:
  - $\Box$  prescription medications
  - $\Box$  over-the-counter drugs
  - □ herbals
  - □ vitamins
  - $\square$  minerals
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

## **DATE PREPARED:**

Medication:How I use it:Why I use it:Prescriber:Notes:Date I started using it:Date I stopped using it:



DOB:

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:	
PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	
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:	
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:	
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:	
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Medication: How I use it:	
	Prescriber:
Why I use it: Notes:	I TESCHDER:
	Data I stannad using it:
Date I started using it: Why I stopped using it:	Date I stopped using it:
Why I stopped using it:	

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:	

PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	
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:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	i
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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:	

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.