

PERSONAL MEDICATION LIST FOR

This medication list was made for you after we talked. We also used information from prescription claims submitted to your insurance company.

- 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 in your care team to update this list at every visit.

<p>Keep this list up-to-date with:</p> <p><input type="checkbox"/> prescription medications</p> <p><input type="checkbox"/> over the counter drugs</p> <p><input type="checkbox"/> herbals</p> <p><input type="checkbox"/> vitamins</p> <p><input type="checkbox"/> minerals</p>
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

<p>Allergies or side effects:</p>
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Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR

(Continued)

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

Other Information:

If you have any questions about your medication list, call your physician, pharmacist or medication therapy management provider.