

## Personal Medication List

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions
Over-the-Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

**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.