

# Medication List

Prepared on: \_\_\_\_\_



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.  
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
<i>(Generic name and brand name, strength, and dosage form for current/active medications)</i>	<i>(Regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate)</i>	<i>(Indication or intended medical use)</i>	<i>(Prescriber name)</i>




Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

**! Allergies:**

 **Side effects I have had:**

 **Other information (optional):**

 **My notes and questions:**