Medication list worksheet

Fill out and print this form. Keep a paper copy with you at all times. Remember to reprint and update your list if your doctor makes any changes to your medications. Understanding your medication prescriptions can be complicated—ask your nurse for help if you need it.

NAME: _____ **Phone:** _____

Doctor: _____ Phone: _____

Dialysis center: _____ Phone: _____

Social worker: _____ Phone: _____

Pharmacy: _____ Phone: _____

Emergency contact: _____ Phone: _____

MEDICATIONS

Medication name: _____

Taken for: _____

Dose: _____ How often: _____

Looks like: _____

Special instructions: _____

_____

_____

Medication name: _____

Taken for: _____

Dose: _____ How often: _____

Looks like: _____

Special instructions: _____

_____

_____

Medication name: _____

Taken for: _____

Dose: _____ How often: _____

Looks like: _____

Special instructions: _____

_____

_____

Medication name: _____

Taken for: _____

Dose: _____ How often: _____

Looks like: _____

Special instructions: _____

_____

_____

We are here to help

Reach out to your care team if you have any questions about managing your medications.