

Medication List

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Bring this list to every visit, to the emergency room, and to the pharmacy. Include prescription and over-the-counter medicines, vitamins, supplements, and herbal products. If you are not sure of a dose, bring the bottle.

Patient name	_____	Date of birth	_____
List updated on	_____	Primary care provider	_____

Allergies and past reactions to medicines

Prescription and over-the-counter medicines

Medicine name	Strength (e.g. 20 mg)	What I take it for	How and when I take it (dose, times per day)	Prescribed by	Date started

Vitamins, supplements, and herbal products

Product name	Strength / amount	What I take it for	How and when I take it

Preferred pharmacy	_____	Pharmacy phone	_____
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Tips: ask your provider or pharmacist to review this list at least once a year, and tell them about any medicine you stopped and why. Keep a copy in your wallet and give one to a family member or caregiver.