Medication List



Name:										
Date of birth:										
Phone:					Email:					
Bring your most up-to-date list to <u>every</u> health care appointment. Ask your health care provider to check your list against what is in your medical record. Before you leave your appointment, ask for a printed copy of your updated medication list. You are your own best advocate!										
Medications										
Be sure to include all types of medications, such as prescription and over-the-counter drugs, herbal supplements, eye drops, ear drops, inhalers, patches, creams, ointments and suppositories. Print as many copies of this listing sheet as needed.										
Full name of the medication	Dosage you take	How often you take the drug	How long you are supposed to take the medication for	is exp	the drug ected to you with	Form the medication is in (tablet, capsule, liquid, drops, patch, inhaler, suppository, injection, cream, ointment, etc.)	How you take the drug (orally, injection, topical, suppository, drops)	If you take the medication "as needed," what symptoms do you take the medication for? In those cases, how often do you take the medication?		

Important Medical Information



Emergency Contact					
Name:					
Relationship:					
Phone:	Email:				
Primary Care Provider					
Name:					
Phone:					
Other Health Care Providers					
Name:					
Phone:	What I see this provider for:				
Name:					
Phone:	What I see this provider for:				
Name:					
Phone:	What I see this provider for:				
Name:					
Phone:	What I see this provider for:				
Name:					
Phone:	/hat I see this provider for:				
Name:					
Phone:	What I see this provider for:				

Important Medical Information



Primary Pharmacy						
Name:						
Address:		Phone:				
Address:		Priorie:				
Other Pharmacies						
Name:						
Address:		Phone:				
Name:						
Address:		Phone:				
Name:						
Address:		Phone:				
Allergy List						
Allergic to:	What happened the last time you had a	reaction?				
Allergic to:	What happened the last time you had a	reaction?				
Allergic to:	What happened the last time you had a	reaction?				
Allergic to:	What happened the last time you had a	reaction?				
Allergie to:	what happened the last time you had a	redetion.				
Allergic to:	What happened the last time you had a	reaction?				
Allergic to:	What happened the last time you had a	reaction?				
Allergic to:	What happened the last time you had a	reaction?				