



My Medication List

Name: _____ Date: _____

To do

- Use this list to keep track of the medications you take — including prescriptions, over-the-counter drugs, herbal supplements, and vitamins and minerals.
- If you go to a doctor's appointment, the hospital or the emergency room, take this list with you. Share it with your family or caregivers, too.
- Ask your doctors, pharmacists and other care providers to update this list at every visit.

Medication allergies? If yes, please list the medication(s) and side effect(s):
