

My Personal Medication Record

My Personal Information

Name _____
 Date of Birth _____
 Phone Number _____

Emergency Contact
 Name _____
 Relationship _____
 Phone Number _____

Primary Care Physician
 Name _____
 Phone Number _____

Pharmacy/Drugstore
 Pharmacist _____
 Phone Number _____

Other Physicians

Name of Physician _____
 Specialty _____
 Phone Number _____

Name of Physician _____
 Specialty _____
 Phone Number _____

Name of Physician _____
 Specialty _____
 Phone Number _____

How to Use This Guide

- Save this document to your PC.
- Edit the copy on your PC to keep track of your medications (including prescription drugs, over-the-counter drugs, herbal supplements, and vitamins.)
- Share the information with your doctors and pharmacists at all visits.
- Keep a printed copy always with you.

You should review this record when

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor

Last Updated:

My Allergies

My Medical Conditions

	What I'm taking	Form (pill, injection, liquid, patch, etc.)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Dates (1/5/05 - 3/5/05) (1/5/05 - ongoing)	Notes, Directions, Reasons for Use
* Be sure to include ALL prescription drugs over-the-counter drugs, vitamins, and herbal supplements.							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							