



My Medication List

Keep this medication list in your wallet or purse.
Share it with your doctors, pharmacist, and other healthcare professionals at ALL visits.

Personal Information		Allergies to Medicine	
Name:		Allergic To	Describe Reaction
Address:			
Birth Date:			
Primary Care Physician	Name:	Phone #:	

List all medicine you are currently taking: Prescription and over-the-counter medications (examples: aspirin, antacids) and dietary supplements (example: vitamins) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (examples: inhalers, nitroglycerin).

Prescription Medication Name	Dose (How much)	Frequency (How often)

Over-the-Counter Medications/Vitamins/Herbals		
Name of Medication	Dose (How much)	Frequency (How often)