






# My Medication List – Keep It Handy

- List everything you take—prescriptions, over-the-counter drugs, vitamins, herbs and supplements.
- Bring this list to every doctor’s appointment, if you go to the emergency room or hospital, and when you go to the pharmacy.
- Don’t run out of your medicine—ask your doctor for a new prescription or get a refill from your pharmacist.

Date: \_\_\_\_\_

Name and Dose of My Medicine	This Medicine Is for My _____	When Do I Take It and How Much?				I Will Remember to Take My Medicine _____ 
		Morning 	Noon 	Evening 	Bedtime 	
Example: Hydrochlorothiazide 25 mg	Example: Hypertension (high blood pressure)	Example: 1 pill				Example: After I brush my teeth

**If you have any problems with your medicine – do not wait. Talk to your health care provider or pharmacist right away.**

Patient Name: \_\_\_\_\_

Name of Primary Care Provider: \_\_\_\_\_

Name of Pharmacist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_