

Personal Medication Record

Name:	
Phone number:	
Doctor's Name(s):	Phone
Allergies:	

Date last updated: _____

Current Medications and Strength	Directions for Use (how many daily, what times they are taken, etc.)

List the medications you are currently taking – both prescription and non-prescription.

Update the list every time a medication is added or discontinued. Do not take or save old or discontinued medications – throw them away.

Follow medication directions exactly.

Do not stop taking your medications unless directed by your physician.

Notify your physician if you are having any unusual reactions.

Carry this form with you – it may be helpful in an emergency.

Present this form and the actual bottles of medication each time you visit your physician or the emergency room. It will help evaluate your drug therapy and prevent drug duplications or drug interactions.