



**PERSONAL MEDICATION LIST FOR (Name and DOB)**

This medication list may help you keep track of your medications and how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

**Allergies or side effects:**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR (Name and DOB)**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

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<b>How I use it:</b>	
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<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
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(Continued)

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<b>How I use it:</b>	
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<b>Other Information:</b>
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If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider available Monday through Friday 8:30 AM to 6 PM ET. at: 1-833-215-1137. TTY users may call 711, Monday–Friday, 8am-6 pm, ET.

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