My Medication Record

Directions: List all prescription drugs, vitamins, supplements, herbals, inhalers, eye drops, lotions/creams/ointments and over-the-counter medications you take. Keep this record up-to-date and with you at all times (in your wallet or purse). Bring it to all doctor's appointments or pharmacy visits.

Name:

Medication Allergies:

Medications I Take Every Day

MEDICATION NAME	DOSE	HOW YOU TAKE THE MEDICATION	REASON FOR MEDICATION

Medications I Take Occasionally Or Only As Needed

MEDICATION NAME	DOSE	HOW YOU TAKE THE MEDICATION	REASON FOR MEDICATION