

Personal Medication List

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions
Over-the-Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

Health Problems				
Primary Doctor		Doctor's Phone		
Local Pharmacy		Pharmacy Phone		
Drug Allergies		Your Phone		
Your Name		Date		