

PERSONAL HEALTH RECORD

MY MEDICATION LIST

Keep this list with you • Update whenever your medicines change

NAME _____ DATE OF BIRTH _____

LAST UPDATED _____ EMERGENCY PHONE _____

ALLERGIES / REACTIONS

CURRENT MEDICINES

Include prescriptions, over-the-counter medicines, and supplements.

MEDICINE NAME	DOSE	WHEN / HOW OFTEN	REASON / NOTES

DOCTOR / CLINIC _____ PHONE _____

PHARMACY _____ PHONE _____

OTHER IMPORTANT INFORMATION

Bring this list to appointments and pharmacy visits.