

My medication list

Include prescription medicines, over-the-counter products, vitamins and supplements.

Name _____ Last updated _____

Emergency contact & phone _____

Allergies / past medication reactions _____

Medicine & strength	Amount & how taken	When taken	Reason / prescriber	Questions / notes

Use current label and care-team instructions. Ask your pharmacist or prescriber about anything unclear.
Keep this list current and bring it to your pharmacy and medical visits. Print another copy if you need more space.