

# Medication List



Patient's Name	Date of Birth



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications. Cross out medications when you no longer use them.

Medication Name and Strength	How much and how often?					Why I use it	Prescriber (name and phone number)
	Morning	Noon	Evening	Bedtime	Other		



## Allergies




**Side effects I have had:**



**Other information:**



**My notes and questions:**