

## My Medication List

|                    |                         |
|--------------------|-------------------------|
| My Name:           | Physician Name:         |
| Phone Number:      | Physician Phone Number: |
| Emergency Contact: | Pharmacy:               |

**Non-Prescription Medications:**

*Check here if you use any of these*

- Aspirin
- Over the counter pain medication
- Allergy relief medicines
- Antacids
- Vitamins/supplements
- Herbals/alternatives
- Laxatives

**List Your Vitamins and Herbal Supplements:**

---

---

---

---

---

---

---

---

**List Your Food and Drug Allergies:**

---

---

---

---

---

---

---

---

| <i>Name of Medication</i> | <i>Strength (Dose)</i> | <i>How Often Taken</i> | <i>Date Prescribed</i> | <i>Reason for Taking</i> |
|---------------------------|------------------------|------------------------|------------------------|--------------------------|
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |
|                           |                        |                        |                        |                          |

