

Personal Medication List



Instructions for Personal Medication List

- Write the name of each medication you take, the reason, the dose, etc.
- In the last column, write special instructions such as “with food,” etc.
- In the over-the-counter section, include vitamins, nutritional supplements, pain relievers, antacids, laxatives and/or herbal remedies.
- Carry the list with you in a purse or wallet with your medical cards.
- Add new medicines when you start taking them.
- Make copies of the blank form so you can use it again as your medications change.
- To save paper, you may want to print this form front and back.

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: _____



Interested in learning how to bring a senior care pharmacist onto your health care team? Check out the American Society of Consultant Pharmacists (ASCP) Foundation's Senior Care Pharmacist Directory. You can search for senior care pharmacists listed in your state at [HelpWithMyMeds.org](https://www.HelpWithMyMeds.org).

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