



Medicine List

List all the medicines you take. Include over-the-counter medicines, supplements, vitamins, and other health products.

Use this guide to help you fill out the chart:

- **Medicine names:** include both the brand name and generic name for all prescription medicines
- **Doctor's name:** include the name of the doctor who prescribed the medicine. This is especially important if you see multiple doctors.
- **Pharmacy:** include the name and phone number of the pharmacy where you get the medicine. If you use multiple pharmacies, make sure each store's Pharmacist knows all the medicines you are taking. This is important because the pharmacist can check for medicine interactions.
- **Date Started:** This is the date you began taking the medicine. If you have been taking a certain medicine for a long period of time, this is especially important
- **Reason to take:** Include a short explanation of why you are taking the medicine
- **Dose (e.g. 2 mg, 5 mL, 1 tsp):** The amount of medicine in each pill can be found on the prescription label in milligrams (mg). This is the dose, or strength. It can also be found on the label of liquids and shots. Write the amount of medicine you take whenever you take a dose. For example, if you take a 10 mg pill, you would put 10 mg in this space. If you take two 5 mg pills, you would also put 10 mg in this space.
- **When to take:** Put how often you need to take the medicine and what time of day is best to take it. For example, you could write that you need to take a certain medicine three times a day: once before breakfast, once before lunch, and once before dinner.
- **Side effects to look for:** Ask your doctor or pharmacist for side effects you need to watch for when taking the medicine.

Keep this form up to date and review it with your doctor when you visit. At the bottom, there is space to list medicines that you are allergic to or have stopped because of bad reactions. Make sure to keep this updated.

	Medicine Name	Doctor's Name	Pharmacy	Date Started	Reason for taking	Dose (in mg)	When to take	Side effects to watch for
1.				/ /				
2.				/ /				

3.				/ /				
4.				/ /				
5.				/ /				
6.				/ /				
7.				/ /				
8.				/ /				
9.				/ /				
10.				/ /				
11.				/ /				
12.				/ /				

13.				/ /				
14.				/ /				
15.				/ /				

Allergies and bad reactions to medicines

Use the below form to list prescription and over-the-counter medicines that you are allergic to or have reacted badly to.

Medicine Name	Type of reaction (rash, breathing difficulties, etc.)