

Personal Medication List

Patient Full Name:	Today's Date:			
Drug Allergies:				
Local Pharmacy:	Pharmacy Phone No:			
<u>Instructions:</u>				

- 1. Please fill out each row entirely for each medication you take. If you have a medication list with this information with you at your first appointment, you do not need to fill this out.
- 2. Be sure to include special instructions such as "with food," etc.
- 3. Include non-prescription medicine such as vitamins, pain relievers, antacids, laxatives, etc.
- 4. Carry your list in a purse or wallet and place a copy with your medical records.
- 5. Add any new medications you start and cross out those your doctor has stopped.

Prescription medication	Dose	Time(s) of Day	Reason for Taking	Special Instructions

Non-Prescription Medication	Dose	Time(s) of Day	Reason for Taking	Special Instructions