My Medication List

| Personal Information | | Allergies to Medi | Allergies to Medicine | |
|---|--------------------|--------------------------------|-----------------------------------|--|
| Name: | | Allergic To | Describe Reaction | |
| ddress: | | | | |
| | | | | |
| Birth Date: | | | | |
| Primary Care Name: | | | Phone #: | |
| hysician .ist all medicine you are c | urrently taking | Prescription and over-the-cou | nter medications (examples: aspir | |
| ntacids) and dietary supple | ments (example: | vitamins) and herbals (example | es: ginseng, gingko). Include | |
| nedications taken as needed | l (examples: inha | ilers, nitroglycerin). | | |
| Prescription Medicat | ion Name | Dose (How much) | Frequency (How often) | |
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| Do you smoke? Y or | N - if yes how o | ften? | | |
| Do you drink alcohol? | Y or N – if yes, i | now often? | | |
| Patient health problem | ns: | | | |
| Surgeries: | | | | |
| Family history of heal | th problems: | | | |
| | g or deceased | | | |

living or deceased

Father: