

### **Personal Medication Record**

*Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Medicine Name</b> <i>Include: Prescription, Over-the-counter, Herbals, Supplements</i>	<b>Medicine Strength</b> <b>How much do I take?</b>	<b>How do I use it?</b> <b>When do I use it?</b>	<b>Why am I using it?</b>	<b>Who told me to use it?</b> <b>How do I contact them?</b>		

### **Personal Medication Record**

*Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Emergency Contact Information</b>	
Name	
Relationship	
Number	
Primary Care Doctor	
Name	
Phone Number	
Additional Doctors	
Name(s)	
Phone Number(s)	

<b>Pharmacy</b>	
Name	
Phone Number	

<b>Allergies</b>	
What allergies do I have? (Medicines, food, other)	What happened when I had the allergy or reaction?

<b>Other medicine problems</b>	
Name of medicine that caused problem	What was the problem I had with the medicine?

<b>Questions I have about my medicines</b>	
Name of medicine I have a question about	What questions do I have for my doctor, pharmacist, or other health care provider?