

MY MEDICATION LIST

List all the medications you take, such as pills, patches, inhalers, eye/ear/nose drops, creams, ointments, and samples the doctor gave you. Be sure to include over the counter medicine, vitamins, minerals, herbal products, and recreational drugs (example: alcohol or marijuana).

For your MedList to work, it's important to keep it up to date: use the date columns to indicate when old medications were stopped and new ones added.

This list belongs to: _____

Prescribed Medication (example: atorvastatin)	Dose/Strength (20mg)	How Much (1 pill)	How Often/When					Date Started	Date Stopped
			Morning	Afternoon	Evening	Bedtime	As Needed		
Over the counter medication/herbals/ vitamins/recreational drugs									

Medication allergies: _____



If it's on the list, it won't be missed Reviewed by: _____ Date Reviewed: _____

Pharmacy: _____ Number: (_____) _____