



MY

Medicine List

Updated on _____

About me	
Name	
Date of birth	
Allergies and what happens	

Who to call	Name	Phone
Emergency contact		
Main doctor		
Pharmacy		

Write down everything you take: prescription medicines, medicines bought without a prescription, vitamins, supplements, eye drops, inhalers, creams and patches.

Medicine and strength	What it is for	How much and when	Doctor, notes

Not medical advice. Your doctor or pharmacist decides about any change to your medicines.

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Medicine List • CONTINUED

Bring this list to every appointment and to the pharmacy. Change it the same day a medicine changes.

Medicine and strength	What it is for	How much and when	Doctor, notes

Not medical advice. Your doctor or pharmacist decides about any change to your medicines.



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Put a check in the box when a dose is taken, and an X when a dose was missed.

[illegible]

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