

# Medication List

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Prepared on:

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**Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.**



**Note any changes to how you take your medications.  
Cross out medications when you no longer use them.**

Medication	How I take it	Why I use it	Prescriber



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

**▼ Allergies:**

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**▼ Side effects I have had:**

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**My notes and questions:**