

Personal Medication List

Prescription Medication	Purpose or Reason Taken	Dose	Time (s) of Day	Form (Liquid, capsule tablet)	Special Instructions
Over the Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

Health Problems

Primary Doctor		Doctor's Phone	
Local Pharmacy		Pharmacy Phone	
Drug Allergies		Your Phone	
Drug Allergies		Date	