

My Medicine List



PRATT • REGIONAL
MEDICAL • CENTER

- ALWAYS KEEP THIS FORM WITH YOU - preferably in your wallet or purse.
- Write down all of the medicines (prescriptions and over-the-counter drugs) you are taking, and list all of your allergies.
- Take this form with you every time you visit your clinic, pharmacy, hospital, physician or other providers.
- WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES. If you stop taking a medicine, cross it off the list. If you add another medicine, put it on the list.

Name _____ Date of birth: _____

Allergic to: (Describe reaction)

Emergency contact / Phone numbers:

Doctor(s):

Pharmacies, other sources:

Immunization Record (Record the date / year of most recent vaccinations)

Flu vaccine(s):

Tetanus:

Pneumonia vaccine:

Hepatitis vaccine:

Other:

Notes & Instructions (Record any additional information related to your health)

List all medicines you are currently taking. Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin, inhalers).

| START DATE | NAME OF MEDICATION | DOSE | DIRECTIONS <small>(How do you take it? When? How often?)</small> | DATE STOPPED | NOTES <small>(Reason for taking?)</small> |
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