



PERSONAL MEDICATION LIST

For: _____

Prepared On: _____

This medication list may help you keep track of your medications and how to use them right away.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update his list at every visit.

Keep this list up-to-date with:

- Prescription medications
- Over the counter drugs
- Herbals
- Vitamins
- Minerals

If you go to the hospital or emergency room, take the list with you. Share this with your family or caregivers too.

EXAMPLE OF HOW TO COMPLETE THE INFORMATION:

Medication: <Insert generic name and brand name, strength, and dosage form for current/active medications.>	
How I use it: <Insert regimen, including strength, dose and frequency (e.g., 1 tablet (20 mg) by mouth daily), use of related devices and supplemental instructions as appropriate>	
Why I use it: <Insert indication or intended medical use>	Prescriber: <Insert prescriber's name>
Date I started using it: <Enter start date>	Date I stopped using it: <Enter stop date>
Why I stopped using it: <Beneficiary's notes>	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	



Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
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Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication allergies or side effects:
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Other information:

For questions about your medication list,
 call us from Monday to Friday, from 8:00 am. to 8:00 p.m. at:
 1-844-212-9858 (Toll Free)
 711 TTY (hearing impaired)