

List prescriptions, over the counter medicine, vitamins, herbs, dietary supplements, etc.		
What I take	How much & how often I take it	Why I take it

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Medication List for:

Allergies or other health problems:

Name of primary doctor:

Use this form to keep track of the medicines and supplements you take on a regular basis. Keep it in your purse or wallet so you can refer to it at doctor appointments, if you are a patient in the hospital or when you go to the Pharmacy.

