

# MY MEDICINE LIST

Fold this form and keep it in your wallet or purse  
See the next page for tips on using this form

## PERSONAL INFORMATION

## DATE FORM STARTED:

Name:	Primary Doctor:
Phone Number:	Other Doctor(s):
Birth Date:	Primary Pharmacy:
Emergency Contact (name/phone number):	Other Pharmacy(s):

## LIST ALLERGIES AND ANY OVER-THE-COUNTER MEDICINES, HERBAL MEDICINES, AND VITAMINS YOU TAKE

Allergies to Medicine		Over-the-Counter Medicines (examples: aspirin, antacids)		Herbal Medicines and Vitamins (examples: ginseng, ginkgo, echinacea)	
Allergic to:	Describe allergic reaction:	Name:	Dose and frequency:	Name:	Dose and frequency:

## LIST ALL PRESCRIPTION MEDICINES YOU CURRENTLY TAKE

Date started	Name of Medicine	Directions for taking (dose, how often)	What time of day do you take the medicine?					Why are you taking this medicine?	Date stopped or changed		Name of doctor who ordered the medicine
			MORNING	NOON	SUPPER	BEDTIME	AS NEEDED		STOPPED	CHANGED	



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## HOW SHOULD I USE “MY MEDICINE LIST”?

**Always keep this form with you.** You can fold it and keep it in your wallet or purse along with your driver’s license so it is available in case of an emergency.

**Use this form to document all the medicines you are taking,** including over-the-counter medicines (e.g., aspirin, antacids), herbal medicines (e.g., ginseng, ginkgo, echinacea), and vitamins.

**Use this form to document all changes that are made to your medicine.** If you stop taking a certain medicine, draw a line through it and write the date it was stopped in the “Date Stopped or Changed” column. You should also indicate the date of any change in your medicine in this column, cross out the old information and write in the new information. For example, if a dose of the medicine changes, mark through the previous dose and write the current dose in the “Directions for taking” column.

**Take this form to all healthcare visits.** Take it with you when you go to the doctor for a regular doctor visit or for a medical test, to the pharmacy, to the hospital, or to any other location where you receive healthcare services.

**If more than one page of this form is needed to list your medicines, go to the Web site or call the number indicated below.**

## HOW DOES “MY MEDICINE LIST” HELP ME?

It helps you and your family members **remember all the medicines** you are taking.

It **provides your doctor and other healthcare professionals with a current list of the medicines you take**, including over-the-counter medicines, herbal medicines, and vitamins.

**It helps you communicate** what medicines you are taking and why you are taking them, allowing a healthcare professional to ensure you receive the most benefit from all of your medicines.

**It helps a hospital document your current medicines** if you are admitted to the hospital. It also helps your doctor determine what changes to your medicine may be necessary during your hospital stay. When you are discharged from the hospital, someone will talk with you about which medicines to take and which to stop. **Since many changes to medicine are made after a hospital stay, a new form may need to be filled out.** If you complete a new form, take it with you to your doctor to help keep everyone informed about your medicines.

Most of all, **it helps keep you safe!** By alerting your healthcare professionals about you and the medicines you are taking, you can help prevent errors such as omitting a needed medicine, getting the wrong dose of medicine, being prescribed a medicine to which you are allergic or a medicine that has a known interaction with another medicine you are taking.