

My Medicines List

My Name:

My Allergies:

My Emergency Contact Information:

Date:

My medicines, vitamins, herbals, and supplements, as of

Include all **prescription and non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these every day						
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take			
			Instructions	Morning	Noon	Evening

I take these regularly, but not every day				
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take	
			Instructions	When

I take these only when I need them			
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take