lame:	Date:				_	Allergies:				
		Pre	escript	ion Me	edicine	es				
Name of Medicine	Dose	When do I take this Medicine? (check all that apply)						Medication Purpose		
Brand Name, Generic Name	Examples: mg, ml, units, puffs, drops	AM	Noon	After Noon	Bed Time	Only As Needed	With Food	Who told me to take the medicine? How does it help me? Started/Stopped Date		
		Over-t	the-Co	unter	Medic	ines				
Name of Medicine	Dose	When do I take this Medicine? Medication Purpose (check all that apply)								
Vitamins, Herbals, Antacids, Aspirin, etc.	Examples: mg, ml, units, puffs, drops	AM	Noon	After Noon	Bed Time	Only As Needed	With Food	Who told me to take the medicine? How does it help me? Started/Stopped Date		

## **Keeping Track of Your Medications**

Name:	Date of Birth:
Allergies:	Emergency Contact:
Doctor's Name:	Pharmacy:

No matter what your age or condition, it is important that you know what medicines you take and why you take them. Bring this list and your medicines to every appointment so that your medical team can take the best care of you.

## **My Medication Tracking Form**

A medicine list can help you and your family keep track of all your medications; both over-the-counter and those prescribed by your healthcare professional. Having all of your medicines listed in one place also helps your doctor, pharmacist, hospital or other healthcare workers take better care of you. "My Medication Tracking Form" is an easy way to keep you healthy!

- 1. Fill out the form using pencil listing all your medicines on the opposite side of this document; including Prescription Medications and Over-the-Counter Medications.
- 2. Be sure to include medicines that you buy from pharmacies, through mail order and over-the-counter medicines, vitamins, minerals or herbs.
- 3. Be sure to include how much or "dose" you take of each medicine.
- 4. Check what time of day you take each medicine and whether you need to take the medicine with food.
- 5. Write down why you take your medicine and who prescribed it.

Here's an example:

Here s un	errania pro-							
Name of	Dose		Medication					
Medicine			Purpose					
		AM	Noon	After Noon	Bed Time	Only As Needed	With Food	
Tylenol	325mg	X			X		X	Arthritis
								Dr. Z

- 6. Always take your Medication Tracking Form to healthcare appointments; including to your doctor, pharmacist, specialists, hospital, or emergency room.
- 7. Whenever you start to take a new medicine or stop taking a medicine, be sure to update your list.
- 8. If you have questions about your medicines, be sure to ask your doctor or pharmacist. They will be happy to explain further!

