

My Medication List

Name:	DOB:	
Instructions: • Write down all the medicines you take, including over-the-counter medicines, vitamins and herbs. Update your list as your medicines change. • If you are allergic to a medicine, or if you have had problems taking a medicine, write it at the bottom of the page		
LIST OF MEDICATIONS		
Name of Medicine	Dose and Frequency	Special Instructions

Allergies: