

Medication Record

If you have any questions about your medications, ask your physician or pharmacist.

Your personal medication record is a list of all the medications that you are currently taking. This includes:

- Prescription medication ordered by your physician
- Over-the-counter medication that you take as needed without a prescription
- Herbal supplements
- Dietary supplements
- Vitamins and minerals

This record is an important tool to help you keep track of your medication. It will also help your care team know what you are taking as they plan your care. They can safely do this by making sure:

- You are not taking 2 forms of the same medication.
- Your medications are safe to take with each other.
- No new medication is ordered that may not be right for you.

Personal medication record form

Complete the personal information about yourself at the top of the form. Include any allergies or reactions you have to food or medications.

Medication name

Write down the name of each medication you take. If it was ordered by a physician, list it under “Prescription Medication.” List all other medications such as over-the-counter medications, dietary supplements, herbals, vitamins and minerals under “Non-prescription Medication.”

Reason I take this medication

Write down why you take this medication (such as the condition, symptom or treatment).

Strength

The strength of the medication is on the medication label as an amount such as milligrams (mg), units, drops or milliliters (mL).

How much, how and when I take it

This may also be on the medication label (example: Take 1 tablet by mouth before breakfast).

Write down:

- How much of the medication you take (such as 1 tablet or 2 drops)
- How you take it (such as by mouth or by eye drops)
- What time of day or how many times a day you take the medication (such as once a day or at bedtime)

Started/stopped

Write down the date you started to take this medication. It will also be important for your care team to know if and when you stopped taking this medication. Before a hospital admission, test, procedure or surgery, your care team will ask you what medications you took and the time of the last dose. They will want to know which medications you did not take.

Remember to:

- Keep this record in a safe place at home.
- Carry a copy with you at all times.
- Bring this record with you to all healthcare visits.
- Update this record whenever there is a change in the medication that you take.
- Mark the date you complete or update the record in the lower left corner.

Personal medication record

Name _____ Date of birth ___ / ___ / _____

Primary physician _____ Phone _____

Allergies and reactions to food and medications _____

Prescription medication

Medication name	Reason I take this medication	Strength	How much, how and when I take it	Started/ stopped

Non-prescription medication
(Over-the-counter medication, dietary supplements, herbals, vitamins and minerals)

Date completed or updated ___ / ___ / _____