





## How to use this form:

- Add details for every medicine you take
  - Pills
  - Inhalers
  - Shots
  - Medicines you can buy at the pharmacy or store without a prescription
  - Vitamins and herbals
- Write in pencil so that details can be erased and updated
- Bring the form with you to every medical visit
- Update the form after each medical visit
- Give a copy of the filled-out form to your doctor and anyone else who helps take care of you
- Give a copy to other family members



### Doctor

Name: \_\_\_\_\_



Phone: \_\_\_\_\_



Name: \_\_\_\_\_

Phone: \_\_\_\_\_



### Pharmacy

Name: \_\_\_\_\_



Phone: \_\_\_\_\_



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

FOLD HERE

This form was reviewed by:		This form was updated by:	
Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:

  

I used to take these medicines, but I don't anymore	
Name:	I was taking it for:

  

I am allergic to:	
Name:	I stopped taking it because:

FOLD HERE

# My Medicines

Knowing the medicines you take and how you take them is important for:

- You
- Your family
- Your doctors, and
- Others who help take care of you

The "My Medicines" form can help you keep all the information in one place.

- Always keep a copy of the list with you
- This can help you take your medicines the right way
- If your doctor changes your medicine, update your list
- Ask for help if you need it. Your doctor, nurse or pharmacist can help



### Me

Name: \_\_\_\_\_



Phone: \_\_\_\_\_



Email: \_\_\_\_\_



### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_



Phone: \_\_\_\_\_



Email: \_\_\_\_\_

