# Personal Medication List

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| --- | --- | --- | --- | --- | --- |
| **Prescription Medications** | **Purpose or Reason**  **Taken** | **Dose** | **Time(s) of Day** | **Form (Liquid, capsule,**  **tablet)** | **Special Instructions** |
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| **Over-the- Counter**  **Medications** | **Purpose or Reason**  **Taken** | **Dose** | **Time(s) of Day** | **Form (Liquid, capsule,**  **tablet)** | **Special Instructions** |
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**Health Problems Primary Doctor Doctor’s Phone Local Pharmacy Pharmacy Phone Drug Allergies Your Phone Your Name Date**

# Instructions for Personal Medication List

* Write the name of each medication you take, the reason, the dose, etc.
* In the last column, write special instructions such as “with food,” etc.
* In the over-the-counter section, include vitamins, nutritional supplements, pain relievers, antacids, laxatives and/or herbal remedies.
* Carry the list with you in a purse or wallet with your medical cards.
* Add new medicines when you start taking them.
* Make copies of the blank form so you can use it again as your medications change.
* To save paper, you may want to print this form front and back.

Adapted by the American Society of Consultant Pharmacists (ASCP) Foundation for the Center for Medicines & Healthy Aging