

This personal medication record form provided compliments of

PERSONAL MEDICATION RECORD FOR:



Date of Birth: _____

ALLERGIES:

Food or Medication

Reaction

<u>Food or Medication</u>	<u>Reaction</u>

IMMUNIZATIONS:

Immunizations

Date of Last Immunization

Tetanus	
Flu	
Pneumonia (for age 65+)	

INSTRUCTIONS:

- **PRINT ALL INFORMATION!**
- It is important to list **ALL** of your current prescription medications.
- It is also **VERY** important to list **ALL** of your non-prescription (over-the-counter) drugs, vitamins, supplements and herbal medications.
- If you no longer take the medication, or if the dose or frequency changes, draw a line through the information and update the information.
- Add any new medications, purpose, dose, route, or frequency when necessary.
- If you change doctors or drug stores, be sure to update this information.
- **Keep a copy of this list with you at all times.** Bring it with you everytime you visit the doctor's office, hospital, dentist or ANY outpatient visit including surgical or treatment centers or for any diagnostic testing such as an x-ray.

CAUTION: THE LISTING BELOW IS ONLY AN EXAMPLE!

MEDICATION NAME	PURPOSE (What is it for?)	DOSAGE (How much to take)	ROUTE (How to take it)	FREQUENCY (How often to take it)	PRESCRIBING DOCTOR & PHONE NUMBER	DRUGSTORE & PHONE NUMBER
Reglan	Stomach Problems	10 mg	Mouth	4 times a day	Dr. W. White	Wal-Mart, Lake Jackson
					979-265-XXXX	979-285-XXXX

