Personal Medication List

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid,capsule, tablet)	Special Instructions

Over-the-Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid,capsule, tablet)	Special Instructions

Health Problems _____

Primary Doctor _____ Doctor's Phone _____

Local Pharmacy _____ Pharmacy Phone _____

Drug Allergies _____ Your Phone _____

Your Name Date