

Medication Record Form

Name & Address: _____

Primary Doctor: _____ Phone Number: _____

Other Doctor: _____ Phone Number: _____

Pharmacy: _____ Phone Number: _____

Health Problems: _____

Drug Allergies: _____

Write down the name of each medication, the reason it's taken, how it's taken and the form (tablet, capsule, liquid, color, shape) of the medication. Then, write the side effects and any special instructions the doctor or pharmacist has told you about. List all prescription medications and all over-the-counter medicines, including vitamins or other nutritional supplements, pain relievers, antacids, laxatives, and herbal remedies. Carry this list with you at all times in your purse or wallet. Show this form to doctors whenever you have an appointment. Bring this form with you to your pharmacy when you get a prescription filled. You may want to make copies of the blank form so you can use it again.

Name of Medication	Purpose or Reason Taken	Dose	Time(s) of day	Form, color and shape	Side Effects or Special Instructions
Example: <i>Vasotec 5 mg.</i>	<i>To treat high blood pressure</i>	<i>One tablet twice (2x) a day</i>	<i>7 a.m. 7 p.m.</i>	<i>white, round tablet</i>	<i>May cause dizziness during the first days of therapy.</i>