## My medication list

## Date: \_

Be sure to list **ALL** prescription medications, over-the-counter medications, vitamins and herbal supplements.

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Medication name	Dose (e.g., mg, units, or drops)	How often?	Reason for taking

Allergies/sensitivities I have to medications:

Medication name	Reaction

Be sure to carry your medication list with you at all times, and update the list at least every six months.

