



# Personal medication list

Fill out and print this form. Keep a paper copy with you at all times. Remember to reprint and update your list if your doctor makes any changes to your medications. *Understanding your medication prescriptions can be complicated—ask your nurse for help if you need it!*

### This list belongs to:

_____	Phone number: _____
Doctor: _____	Phone number: _____
Center: _____	Phone number: _____
Social worker: _____	Phone number: _____
Pharmacy: _____	Phone number: _____
Emergency contact: _____	Phone number: _____

## Medications

Medication name: \_\_\_\_\_

Taken for: \_\_\_\_\_

Dose: \_\_\_\_\_

How often: \_\_\_\_\_

Looks like: (color, shape, size, etc.)  
\_\_\_\_\_

Special instructions: (taken with or without food, taken at night, foods to avoid, etc.)  
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