



## My Medication Record

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Always carry your medication record with you and show it to all your doctors and healthcare providers.

<b>Emergency Contact Information</b>	
Name:	
Relationship:	
Phone Number:	
<b>Primary Care Physician</b>	
Name	
Phone Number	
<b>Allergies</b>	
What allergies do I have? (meds, food, other)	What happened/ happens when I have a reaction?
<b>What other Medicine Problems do I have?</b>	
Name of medication that caused the problem	What caused the problem that I had with the medication?
<b>When you are prescribed a new drug, ask your doctor or pharmacist:</b>	
• What am I taking?	
• What is it for?	
• When do I take it?	
• Are there any special instructions?	
• What if I miss a dose?	
<b>Notes</b>	

Patient Signature: \_\_\_\_\_ Healthcare Provider's Signature: \_\_\_\_\_

Date last updated: \_\_\_\_\_ Date last reviewed by healthcare provider: \_\_\_\_\_