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.

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

Source: American Society of Consultant Pharmacists Research and Education Foundation, Alexandria, Virginia