

MY MEDICATION RECORD

Name: _____ Birth Date: _____ Phone: _____

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

Emergency Contact Information	
Name	
Relationship	
Phone Number	
Primary Care Physician	
Name	
Phone Number	
Pharmacy/Pharmacist	
Name	
Phone Number	
Allergies	
(medicines, foods, latex, stings, other)	What happened when I had the allergy or reaction?
Other Medicine Problems	
Name of medicine that caused problem	What was the problem with the medicine?
When you are prescribed a new drug, ask your doctor or pharmacist:	
• What am I taking?	
• What is it for?	
• When do I take it?	
• Are there any side effects?	
• Are there any special instructions?	
• What if I miss a dose?	
Notes	