MY MEDICATION RECORD

Name:	Birth Date:	. Phone:	
Include all of your medications on this record	l, such as prescription me	dications, nonprescription	
medications, herbal products, and other dietary	y supplements. Always carr	y your medication record	CARPENTERS TRUSTS
with you and show it to all your doctors, pharmad	cists and other healthcare p	roviders.	of Western Washington

Drug		Taken for	When do I take it?		Start	Stop	Doctor	Special Instructions		
Name	Dose		Morning	Noon	Evening	Bedtime	Date	Date	Doctor	

This medication record is provided for general informational purposes. It is intended to be used as a communication aid between patients and their healthcare providers. It is not a substitute for obtaining professional healthcare advice or treatment.

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	