

	MEDICATION	DOSE	FREQUENCY
PRESCRIPTION			
OVER-THE-COUNTER Tylenol, Motrin, Advil, etc.			
VITAMINS			
HERBAL & DIETARY SUPPLEMENTS, HOMEOPATHIC REMEDIES			
OTHER Alcohol, Drugs			

OVER-THE-COUNTER
Tylenol, Motrin,
Advil, etc.

**HERBAL & DIETARY
SUPPLEMENTS,
HOMEOPATHIC
REMEDIES**

OTHER
Alcohol, Drugs



Help Prevent Medication Mistakes

Inside this card, list all of your prescription and over-the-counter medicines, vitamins, herbs, dietary supplements, and homeopathic remedies, include the amount of alcohol you consume on a daily or weekly basis and any recreational drugs you take. It's important to include all of this information in case of emergencies.

Include the dose or amount of medication that you usually take and how often or what time of day you take it, even if you take it only occasionally.

Carry this list with you and share it with your pharmacist, doctor or other caregiver.

NAME

DATE OF BIRTH

PHONE NUMBER

IMMUNIZATION DATES

FLU

PNEUMONIA

TETANUS

ALLERGIES AND REACTIONS

EMERGENCY CONTACT

Name(s) and phone number(s)

PHARMACY

Name(s) and phone number(s)

PRIMARY CARE PHYSICIAN

OTHER PHYSICIAN(S)

MEDICAL HISTORY

SURGICAL HISTORY

My Medication List

