

My Information

Name: _____

Emergency Contact Person's Name: _____

Phone: _____

Allergies

(to medicines, foods, insect bites or anything else):

Health Care Provider's Name: _____

Phone: _____

Pharmacy: _____

Phone: _____

Address: _____



How to Remember to Take Your Medicine

- Take it at the same time as something else you do every day, like brushing your teeth, walking the dog, or watching the news.
- Keep medicines in a pill box.
- Use this medication list and keep it updated.
- Set your cell phone or watch alarm to remind you to take your medicines at the right times.
- Ask your pharmacy to label your medicine bottles in the language you'd like to read.
- Have a friend or family member remind you.



My Medication List

- Keep It Handy

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Medication List

- List everything you take—prescription drugs, over-the-counter drugs, vitamins, herbs, supplements—in the table below.

Name and Dose of My Medicine	This Medicine Is for My	When Do I Take It and How Much?			
		Morning	Noon	Evening	Bedtime
Example: Hydrochlorothiazide 25 mg	Example: Hypertension (high blood pressure)	Example: 1 pill			

- Ask your health care provider or someone in his or her office to update this list every time you visit.

Name and Dose of My Medicine	This Medicine Is for My	When Do I Take It and How Much?			
		Morning	Noon	Evening	Bedtime

- Ask your health care provider or pharmacist:
- Why you need to take these medicines
 - How to manage any side-effects
 - What to do if you miss a dose