

# Personal Medication Record

Write the names of each medication you take, the reason you take it, and how you take it on your record. Add new medications as they are prescribed and cross out medicines you have stopped taking.

Carry this list to appointments, and update information at the direction of your healthcare professional(s).

**Primary Physician's Name:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_

**Pharmacy Phone Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Numbers (Cell, etc.):** \_\_\_\_\_

ALLERGIES	MEDICATION NAME	WHAT HAPPENS?
<input type="radio"/> Never had allergic reactions to medication		
<input type="radio"/> Anesthesia		
<input type="radio"/> Pain Medications		
<input type="radio"/> Anti-inflammatory		
<input type="radio"/> Aspirin		
<input type="radio"/> Antibiotics		
<input type="radio"/> Sulfa Drugs		
<input type="radio"/> Latex		
<input type="radio"/> IV Dye		
<input type="radio"/> Vaccines		
<input type="radio"/> Other		

## MEDICAL CONDITIONS

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Anemia                   | <input type="radio"/> Emphysema           | <input type="radio"/> Parkinson's     |
| <input type="radio"/> Angina                   | <input type="radio"/> Heart Problems      | <input type="radio"/> Pregnancy       |
| <input type="radio"/> Arthritis                | <input type="radio"/> Hemophilia          | <input type="radio"/> Stroke          |
| <input type="radio"/> Asthma                   | <input type="radio"/> High Blood Pressure | <input type="radio"/> Ulcers          |
| <input type="radio"/> Cancer                   | <input type="radio"/> High Cholesterol    | <input type="radio"/> Water Retention |
| <input type="radio"/> Chronic hepatitis or HIV | <input type="radio"/> Kidney Disease      | <input type="radio"/> Other           |
| <input type="radio"/> Depression               | <input type="radio"/> Liver Disease       |                                       |
| <input type="radio"/> Diabetes                 | <input type="radio"/> Lung Disease        |                                       |
| <input type="radio"/> Digestive Tract Disease  | <input type="radio"/> Migraines           |                                       |

## CURRENT MEDICATIONS: *Including over-the-counter, herbal products, and vitamins*

Drug name and dose	Directions for use	Drug is for