PERSONAL MEDICATION LIST

NAME: _____

DATE OF BIRTH: _____ DATE PREPARED: _____

This medication list may help you keep track of your medications and how to use them the right way.

Instructions:

- Use this blank form to add prescription medications, over the counter drugs, herbal products, vitamins, and minerals.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.
- If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

Allergies or side effects:

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider at 305-631-5086.

INT_15_30799 05052015

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	
Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider at 305-631-5086.

LEON MEDICAL CENTERS
Health Plans® Cigna HealthSpring

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider at 305-631-5086.

Other Information:

If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider at 305-631-5086.