

**If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers.**

- Use blank rows to add new medications. Then fill in the dates you started using them.
- 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.

**Keep this list up to date with:**

- Prescription Medications
- Over the Counter Drugs
- Herbals
- Vitamins
- Minerals

**First Name**

**Last Name**

**Allergies or side effects**

**Medication :**

**How I Use It :**

**Why I Use It :**

**Prescriber :**

**Date I Started Using It :**

**Date I Started Stopped Using It :**

**Why I Stopped Using It :**

**Medication :**

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**How I Use It :**

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**Why I Use It :**

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**Prescriber :**

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**Date I Started Using It :**

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**Date I Started Stopped Using It :**

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**Why I Stopped Using It :**

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**Medication :**

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**How I Use It :**

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**Why I Use It :**

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**Prescriber :**

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**Date I Started Using It :**

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**Date I Started Stopped Using It :**

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**Why I Stopped Using It :**

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**Medication :**

**How I Use It :**

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**Why I Stopped Using It :**

**Medication :**

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**How I Use It :**

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**Why I Use It :**

**Prescriber :**

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**Date I Started Using It :**

**Date I Started Stopped Using It :**

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**Why I Stopped Using It :**

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**Other Information :**

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