



Medications List

You may be taking many different medicines as well as many vitamins and over-the-counter drugs. This form can help keep track of everything. Because your medications may change over time, make a copy of the blank form so you will always have a clean copy to use. Try to bring a completed and updated copy of this form to every doctor appointment.

Name: _____ Date: _____ Drug Allergies: _____

Medication Name (including generic)	Purpose or Reason Taken	Date Started	Doctor	Color / Shape	Dose (such as 2 mg)	Instructions / How Often?

Nonprescription, Vitamins, & Dietary Supplements	Purpose or Reason Taken	Dose	How Often?