



## Personal Medication Chart/Record

Name & Phone Number: \_\_\_\_\_

Date Updated: \_\_\_\_\_

Food & Drug Allergies: \_\_\_\_\_

My **PRESCRIPTION** medications are

Name of Drug	What It's for	Strength/ Dose	Color/ Shape	How Often You Take It & When	Doctor Who Prescribed It	Date Started	Special Instructions
<b>SAMPLE:</b> Lipitor	Cholesterol	10 mg	White, Oval	1 each day	Dr. Jones	5/24/2007	No grapefruit



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## Personal Medication Chart/Record

Name & Phone Number: \_\_\_\_\_

Date Updated: \_\_\_\_\_

Food & Drug Allergies: \_\_\_\_\_

My **Over-the-Counter** medications, **Vitamins**, and **Herbal Supplements** are

Name	Why You Take It	Strength/ Dose	How Often You Take It & When	Doctor Who Recommended It, If Any	Date Started	Does It Work?
<i><b>SAMPLE: Advil</b></i>	<i>Arthritis pain</i>	<i>200 mg</i>	<i>Twice daily</i>		<i>01/29/2001</i>	<i>Yes</i>



Name	Why You Take It	Strength/ Dose	How Often You Take It & When	Doctor Who Recommended It, If Any	Date Started	Does It Work?