

Medication List



Prepared on (MM/DD/YYYY):

- Bring your Medication List when you go to the doctor, hospital, or emergency room. And share it with your family or caregivers.
- Note any changes to how you take your medications. Cross out medications when you no longer use them.

This Personal Medication List is for:		Date of birth (MM/DD/YYYY):	
Medication	How I take it	Why I use it	Prescriber

New medications, over-the-counter drugs, herbals, vitamins or minerals:

Medication	How I take it	Why I use it	Prescriber

Allergies:

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Side effects I have had:

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Other information (optional):

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My notes + questions:

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If you have any questions about your medication list, please call Medica Member Service at the number on the back of your Medica ID card