

My Medication Record

List all prescription drugs, vitamins, over-the-counter medications, and other nutritional supplements that you take. Keep this record up to date and with you at all times (in your purse or wallet).

Name: _____

Primary Doctor's Name: _____

Telephone Number: _____

Pharmacy: _____

Emergency Contact: _____

Telephone Number: _____

Drug Allergies: _____

I Take the Following Medications Every Day:

Name	Purpose	Dosage

I Take the Following Medications as Needed:

Name	Purpose	Dosage



For more information, email Martha Grove Hipskind, Elder Care Consultant at mgh@mindspring.com, or call 919.233.8452.