Why carry a Medication List?
Medication Lists help reduce medication errors and prevent harmful drug interactions.





Name:	Address:
Phone:	
Birth Date:	
Emergency Contact Name/Phone:	
Primary Physician Name/Phone:	
Immunization Dates	
Flu:	Tetanus:
Pneumonia:	Hepatitis:
Other:	
Allergies:	

Instructions: List ALL medications you are currently taking. Include prescription drugs, over-the-counter medications, vitamins, minerals, natural remedies, dietary supplements and herbals. Always keep this form with you and share it with your health care providers at every visit.

## **Medication List**

Dose	Frequency	Reason
	Dose	Dose Frequency