

PERSONAL MEDICATION LIST FOR:

This medication list may help you keep track of your medications and how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Allergies or side effects:

| Keep this list up-to-date with: | | |
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| | prescription medications over the counter drugs | |
| | herbals | |
| | vitamins | |
| | minerals | |

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

| initial Blos of State effects. | |
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| Medication: | |
| How I use it: | |
| Why I use it: | Prescriber: |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | · |
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| Medication: | |
| How I use it: | |
| Why I use it: | Prescriber: |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | |

| PERSONAL MEDICATION LIST FO | OR: | | | | |
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| (Continued) | | | | | |
| Medication: | | | | | |
| How I use it: | | | | | |
| Why I use it: | Prescriber: | | | | |
| Date I started using it: | Date I stopped using it: | | | | |
| Why I stopped using it: | | | | | |
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| Medication: | | | | | |
| How I use it: | | | | | |
| Why I use it: | Prescriber: | | | | |
| Date I started using it: | Date I stopped using it: | | | | |
| Why I stopped using it: | Why I stopped using it: | | | | |
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| Medication: | | | | | |
| How I use it: | | | | | |
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| Date I started using it: | Date I stopped using it: | | | | |
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| Medication: | | | | | |
| How I use it: | | | | | |
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| Date I started using it: | Date I stopped using it: | | | | |
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| Why I stopped using it: | | | | | |

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| (Continued) | | | | | |
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| Medication: | | | | | |
| How I use it: | | | | | |
| Why I use it: | Prescriber: | | | | |
| Date I started using it: | Date I stopped using it: | | | | |
| Why I stopped using it: | | | | | |
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| Other Information: | | | | | |
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If you have any questions about your medication list, call your physician or Presbyterian's Medication Therapy Management Program at (505) 923-6790 or toll free 1-855-771-7737. Pharmacists are available Monday through Friday 8:00 AM – 5:00 PM to assist you.