

Name _____

Birth date _____

Phone _____

E-mail _____

List medications below: Be sure to include prescription drugs, over-the-counter medications and herbal supplements.

Emergency contact _____

Phone _____

E-mail _____

I am allergic to _____

I also have some other problems with medicines _____

My Doctor is _____

Phone _____

My Pharmacy is _____

See back for **MyMedsList**

MyMedsList

helps me and my family keep track of everything I take to keep me healthy — my pills, vitamins and herbs. Having all of my meds in one place also helps my doctor, pharmacist, hospital or other healthcare workers take better care of me.

Keep **MyMedsList** list up-to-date

It is very important to keep this information current. I can do this with my doctor, pharmacist, nurse or other healthcare professional.

