

Personal Medication List

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions
Over-the-Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

Health Problems _____
Primary Doctor _____ **Doctor's Phone** _____
Local Pharmacy _____ **Pharmacy Phone** _____
Drug Allergies _____ **Your Phone** _____
Your Name _____ **Date** _____



Adapted by the American Society of Consultant Pharmacists (ASCP) Foundation
for the Center for Medicines & Healthy Aging

Instructions for Personal Medication List

- Write the name of each medication you take, the reason, the dose, etc.
- In the last column, write special instructions such as “with food,” etc.
- In the over-the-counter section, include vitamins, nutritional supplements, pain relievers, antacids, laxatives and /or herbal remedies.
- Carry the list with you in a purse or wallet with your medical cards.
- Add new medicines when you start taking them.
- Make copies of the blank form so you can use it again as your medications change.
- To save paper, you may want to print this form front and back.