

# **My Medicines**

The My Medicines form is a place to write down all the medicines you take. This form can help you take your medicines the right way. Knowing what medicines you take and how you take them is important for:

- You
- Your family
- Your healthcare team
- Others who help take care of you

### Important reminders:

- Keep a copy of the form with you
- Review it with your doctor or other healthcare provider when you are with them
- Update this form every time your medicines change—no matter why they changed

## The form has 3 parts:

#### Part 1: About Me

Here you can record information about your:

- Emergency contact person
- Healthcare providers
- PharmacyAllergies

#### Part 2: My Medicines

Here you can record information about each medicine you take, including:

**Medicines you take regularly,** such as prescription medicines, over-the-counter (OTC) medicines, vitamins/supplements, pain relievers, etc.

Other medicines you take, such as those you take as needed

Part 3: My Vaccines

Here you can record vaccines you have received



- Ask for help with your form if you need it—your doctor, nurse, or pharmacist can help
- Don't stop taking your medicines without telling your doctor



# Part 1: About Me

My Name:	My Phone: ( )			
My Email:				
My Emergency Contact Person				
Contact's Name:	Contact's Phone:			
	()			
Contact's Relationship:	Contact's Email:			

## My Doctors and Other Healthcare Providers

Provider's Name		Provider's Specialty	Provider's Phone
			()
			()
			()
			()
	My Pł	narmacy Information	
Pharmacy Name		Address	Phone
			()

## Part 2: My Medicines

- Include medicines you take regularly: prescribed medicines, over-the-counter (OTC) medicines, infused/injected medicines, vitamins/supplements, pain relievers, etc.
- Also include any medicines you take as needed like cold/flu/allergy medicines, antacids, laxatives, eye drops, pain relievers, creams/ointments.

Start date	Drug name and strength	Dose (The number of pills, puffs, drops, injections, etc.) EXAMPLES	When I take it	Why I take it
( 4/ 9 / 22	name of medicine (81 mg)	1 pill	once a day with breakfast	heart
7/18/23	name of injection (60 mg)	1 injection	2 times a year	osteoporosis
8/4/23	name of inhaler (90 mcg)	1-2 puffs	as needed	asthma

# Part 3: My Vaccines

Include vaccines for COVID, flu, pneumonia, Respiratory Syncytial Virus (RSV), shingles, tetanus, etc.

Date	Vaccine	Where I received it	Next dose/booster due date
10/4/2023	COVID	EXAMPLE My pharmacy	10/4/2024

## Use this page if more space is needed.

# **My Medicines**

Start date	Drug name and strength	Dose	When I take it	Why I take it

# My Vaccines

Date	Vaccine	Where I received it	Next dose/booster due date

