

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
- 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

The form has 3 parts:

Part 1: About Me

Here you can record information about your:

- Emergency contact person
- Healthcare providers
- Pharmacy
- Allergies

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

Part 1: About Me

My Name: _____ My Phone: (____) _____ - _____

My Email: _____

My Emergency Contact Person

Contact's Name:	Contact's Phone:
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_____ (____) _____ - _____

Contact's Relationship:	Contact's Email:
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My Doctors and Other Healthcare Providers

Provider's Name	Provider's Specialty	Provider's Phone
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_____ (____) _____ - _____

_____ (____) _____ - _____

_____ (____) _____ - _____

My Pharmacy Information

Pharmacy Name	Address	Phone
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_____ (____) _____ - _____

I am allergic to: _____

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