

# **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
- Pharmacy
- Healthcare providers
- 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 Na	ame:	С	Contact's Phone:	
		(	)	
Contact's Relat	Contact's Relationship:		contact's Email:	
		<del></del>		
M	ly Doctors and Other	Healthcare Provide	ers	
Provider's Name	Pro	vider's Specialty	Provider's Phone	
			()	
			(	
			(	
Pharmacy Name		y Information ddress	Phone	
T namacy Name	^	uuicss	Thone	
			(	
I am allergic to:				

#### 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	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