

# Personal Medicines List

- List all medicines you are currently taking, and use multiple pages as needed.
- Include prescription medicines, over-the-counter medicines, dietary supplements, and herbal products.
- Update this list any time you have a change in the medicines you take.
- Take this list with you when you go to your doctor, pharmacist, or a hospital.



**Centers for Disease Control and Prevention**  
National Center for Injury Prevention and Control

**Name:** \_\_\_\_\_ **Emergency Contact Name and Phone:** \_\_\_\_\_

**Date Last Updated:** \_\_\_\_\_ **Page Number** \_\_\_\_\_ **of** \_\_\_\_\_.

Name of Medicine	Dose/Directions	Medicine Taken For	Prescriber/Doctor	Notes

Chronic Conditions or Diseases

Allergies to Medicine	
Name of Medicine <i>e.g. Penicillin</i>	Describe Reaction <i>e.g. Rash, hives, swollen face or tongue, wheezing</i>