

How to Use Your Medication List

Your medicine list can help you and your family keep track of everything you take to keep you healthy—your pills, vitamins and herbs. Having all of your medicines listed in one place will also help your doctor, pharmacist, hospital or other health care workers take care of you!

1. First, fill out the form. Make sure ALL of your medicines are in front of you. Include prescribed medication AND any over-the-counter medicines, vitamins, herbs and minerals. Ask for assistance from a health care professional if you need help.
2. Next, think about what you take in the morning, afternoon, around dinner time and before you go to bed.
3. Then, for every medicine, use the chart to record the following information:

-  The medicine's name and the dose
-  How much you take of it (one pill, three drops, etc.)
-  What it looks like (round, white and red, clear liquid, etc.)
-  How it's taken (by mouth, with food, by injection)

Example:

| Medicine name <small>(brand name, generic name, dose)</small> | How much? | This looks like | How I take it |
|--|--------------|-----------------|-------------------|
| Example - Aspirin 81mg | 1 pill daily | pink, coated | orally with water |

4. Always keep this list with you. Put it in your wallet or your purse so you have it every time you see the doctor, your pharmacist, have a test, go to the hospital or have an emergency.
5. When you stop or start a medication, make sure to update your list.
6. When you stop or start a medication, make sure to update your list.



This material was prepared by Mountain Pacific, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-CC-7/23-329



This list was updated: _____

My Medication List

Name: _____

Phone: _____

Email: _____

My emergency contact is _____

Phone: _____ Email: _____

My doctor's name is _____

Phone: _____

My pharmacy's name is _____

Phone: _____

I am allergic to _____

I also have some other problems with medicines: _____

Keeping My Medication List Up-to-Date

It is very important to keep this information current. Use the chart on the back of this page to review and update your list of medications. You can do this with your doctor, pharmacist, nurse or other health care professional.

Questions for my doctor or pharmacist: _____

Use the chart to fill out your medication list.



