My Medication List

RightTransitions

PROGRAM

	List Created on:
My Information	
Name:	Birth Date:
Allergies:	
No medication allergies	
Emergency Contact Name:	Phone:
Pharmacy Name and Address:	
	Phone:

My Medications

Name of Medication (example: Lisinopril)	Dose/ Strength (10mg)	Description (round yellow pill)	How Many (1 pill)	When/ How (a.m. with food)	Prescribed by (Dr. Kull)	Why Taken (High blood pressure)	Start Date (Feb 2018)	End Date (Keep Taking)

It's important to keep an accurate and current list of all prescribed and over-the-counter medications you take. Be sure to take this list with you when you see your doctor or pharmacist, or need to visit the hospital.

If you have any questions about your medications, contact your doctor or pharmacist.

