






## **Full Size Medication List**

This medication list is made to assist you in keeping track of all the medicines you take. By providing your healthcare providers with a full list of your medications, they are able to better care for you.

Here's how to fill out your medication list:

- Always carry this card with you. Fold it and keep it in your wallet for quick access.
- Complete the information at the top of the form:
  -  Your Contact Information: Include full legal name and phone number.
  -  Emergency Contact: Write the name and phone number of the person you want to be contacted in case of an emergency. This information is vital if you are unable to communicate with emergency medical workers.
  -  Doctor and Pharmacy or Drug Store Information: Write the names and phone numbers of your doctors and the pharmacies where you get your prescriptions filled. Having this information readily available will help healthcare workers reach out if they have any questions about your medications.
  -  Known Medical Information: Specific medical conditions (e.g., diabetes, high blood pressure) or if you have a pacemaker or have undergone knee or hip replacement surgery.
  -  Allergies: List all your allergies, including those related to medicines and food.
  - ●●● Other Important Information: Include any additional details that you believe a doctor should be aware of when caring for you.
- Fill out the information at the bottom of the form:
  - Start date: Write down the date you began taking each medicine. If the exact date is unknown, note the month or year when you started taking it.
  - Drug name and strength: For each medicine, copy the name and the amount indicated on the medicine bottle or container (e.g., aspirin 40 mg).
  - Dose: Specify the dosage you take each time (e.g., 2 pills, 3 drops, 2 puffs).
  - Write down how many times a day you take each medicine: the time of day you take it, and whether it should be taken before or after meals.
  - Reason for taking: Indicate the medical reason provided by your doctor for each medication (e.g., for heart health).
- Keep this form updated whenever you make changes to your medicines:
  - Take this form to all your doctor visits, medical tests, and hospital visits.
  - Take photos with a cell phone and keep them easily accessible.
  - Record any changes made to your medications. Cross out any medicines you have stopped taking, add new medicines, or note changes in dosage.

By updating and carrying this medication list, you make sure that medical information is readily available to those providing care. This can potentially save your life in emergency situations.

# MEDICATION LIST

## PERSONAL INFORMATION :

Full Name :

Date of Birth :   /   /

Address :

Phone Number :  Email :

Medical Plan and # :

## EMERGENCY CONTACT INFORMATION :

Name :

Relationship :

Phone Number :

## DOCTOR & PHARMACY

Doctor's Name :

Phone Number :

Pharmacy Used :

Phone Number :

## KNOWN MEDICAL HISTORY

## ALLERGIES

