# MY MEDICATION LIST

**LAST UPDATED:**

| PATIENT INFO | | | |
|---|---|---|---|
| | **Name:** | **Primary Doctor:** | ☎: |
| | **Birth Date:** | **Specialist(s):** | ☎: |
| | ☎: | **Primary Pharmacy:** | ☎: |
| | **Emergency Contact:** (name & phone) | **Other Pharmacy(s):** | ☎: |

| ALLERGIES | I'm allergic to: | I have this type of reaction: |
|---|---|---|
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**List All Prescription Medications, Over-The-Counter Medications, Herbal Supplements or Vitamins you take**
Continue on second page if needed

| Name of Medication & Strength<br>e.g. Mg, units, etc. | How I take my meds<br>e.g. Take 1 tablet by mouth 2 times daily | Time of day | | | | | I'm taking or not taking this medication because... | Date Started | Date Stopped |
|---|---|---|---|---|---|---|---|---|---|
| | | Morning | Afternoon | Evening | Before Bed | As Needed (PRN) | | | |
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**This My Medications List form is available for download or print at** health.ucdavis.edu/pharmacy/

| Name of Medication & Strength<br>e.g. Mg, units, etc. | How I take my meds<br>e.g. Take 1 tablet by mouth 2 times daily | Time of day | | | | | I'm taking or not taking this medication because... | Date Started | Date Stopped |
|---|---|---|---|---|---|---|---|---|---|
| | | Morning | Afternoon | Evening | Before Bed | As Needed (PRN) | | | |
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