

Personal Medication Tracker



Last Updated: ____ / ____ / ____

Include all prescription drugs, over-the-counter drugs, vitamins, herbs, dietary supplements and homeopathic remedies. Use page 2 if you need more room.

Consult your doctor or a pharmacist if you're not sure what to write.

Update any information that changes, including if you stop taking a medicine, start taking a new medicine or change a dose.

Share your information with your doctors and pharmacists at all visits and always keep a copy with you

My Personal Information

Name _____

Date of Birth _____ Phone Number _____

Emergency Contact

Name _____

Relationship _____ Phone Number _____

Primary Care Doctor

Name _____

Phone Number _____

Pharmacy/Drugstore

Pharmacist _____

Phone Number _____

Other Members of Your Health Care Team

Name _____

Role/Specialty _____ Phone Number _____

Name _____

Role/Specialty _____ Phone Number _____

Name _____

Role/Specialty _____ Phone Number _____

My Allergies

My Medical Conditions

My Medications

Medication	Form and Color (ex: red capsule)	How do I take? (ex: 1 pill, 50mg)	When and how do I take it? (ex: twice a day, with food)	Why do I take it?	Date I first took it	Notes
_____	_____	_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	_____	_____	____ / ____ / ____	_____

