

Personal Medication Tracker



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 _____

How to use this tool

- Fill out your personal information on page one and update it if anything changes.
- On page two, include all prescription drugs, over-the-counter drugs, vitamins, herbs, dietary supplements and homeopathic remedies.
- If you need more room, make copies of page two.
- Update page two if you stop taking a medicine, start taking a new medicine, change a dose, or anything else changes.
- If you're not sure what to write, ask your doctor or pharmacist.
- Share your information with your doctors and pharmacists at all visits.
- Keep a copy with you always.
- Record when you last updated the tracker.

Last Updated: ___ / ___ / _____

My Allergies

My Medical Conditions

My Medications



Medication	Form and Color (ex: red capsule)	How much 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
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