Personal Medication Record

Record your medication and related information on this foldable wallet-sized card and carry it with you to doctor's visits. Update with new medications as they are prescribed.

Doctor's Name: _____

Phone Number: _____

Doctor's Name: _____

Phone Number: _____

Allergies: _____

_____

Over-The-Counter Medicines:

- ❑ Pain relief_____
- ❑ Digestive aids _____
- ❑ Vitamins_____
- ❑ Cold medicines_____
- ❑ Allergy relief_____
- ❑ Sleeping aids_____
- ❑ Herbal supplements_____
- ❑ Other_____

Personal Medication Record

Pharmacy: _____ Phone: _____

Medication	Reason Taken	Dosage	Time(s) of Day

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The art of caring. The science of healing.