

# 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 \_\_\_\_\_

## 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
_____	_____	_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	_____	_____	____ / ____ / ____	_____

## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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
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