



Medication List

Include prescription medications, over-the-counter medications taken frequently, vitamins, supplements and herbs.

Name: _____ Date Updated: _____

Medication Allergies: _____

1	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
2	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
3	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
4	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____

Medication List

Name: _____ Date Updated: _____

5	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
6	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
7	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
8	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____



Medication List

Name: _____ Date Updated: _____

9	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
10	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
11	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____
12	Medication Name: _____ What it Treats: _____ What it Looks Like: _____ Prescribed by: _____ Dose, Frequency, and Time of Day Taken: _____ Special Instructions: _____ _____

