

## Personal Medication List

You can use this page to **keep track of all medications** you take. This includes over-the counter medication, prescription drugs, herbal supplements, and vitamins. You should **review this record** when starting or stopping a new medication, changing your dosage, or visiting with your healthcare provider. It is especially **important to have this updated** when being discharged from a hospital or skilled nursing facility. **Remember to use a pencil** so you can make any changes if necessary.

Name of Medication	Dosage	Form (Pill, patch, injection, etc.)	Use (How often?)	Start Date	Stop Date (ongoing if still taking medication)	Reason for Use
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
14						
15						