**My Medication List**

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| **Name** |
|  |
| **Date of Birth** |
|  |
| **Phone #** |
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| **Primary Care Doctor** |
| Name/Phone # |
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| **Emergency Contact** |
| Name/Relationship |
| Phone # |

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| **Allergies to Medications** | | | |
| **Medication Name** | | **Reaction** | |
| *Example: Penicillin* | | *Rash* | |
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| **Pharmacy/Drugstore** | | | |
| **Name** | **City/State** | | **Phone #** |
| *Example: Walgreens* | *Manchester NH* | | *(603) 123-4567* |
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| **Medical Conditions** | | |
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**How to use this medication list:**

* Use this list to keep track of your prescription drugs, over-the-counter (OTC) drugs, inhalers, eye drops, cream, vitamins, herbal supplements
* Update your medication list as changes occur
* Take this list with you to **ALL** doctor, hospital, and pharmacy visits
* Make copies for your family members
* Keep this on you at **ALL** times

**Questions to ask about a new prescription:**

* How much do I take, how often, and for how long?
* Should I take this medicine with food?
* Is it safe to drive after taking this medicine?
* What should I do if I forget to take it?
* How should I store the medication?

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| **Prescription Drug Label Example** |
| MCPHS Pharmacy  1260 Elm Street  Manchester, NH 03101 (800)-888-8168 |
| RX# 123456 Date: 7/1/2013  Jane Smith Dr. M. Jackson  123 Main Street. USA  TAKE ONE TABLET BY MOUTH  THREE TIMES DAILY FOR DIABETES  Metformin 500 mg Tablet NDC: 00123-4567-89  Qty: 90  Refills: 0 until 7/10/2013 Discard after: 8/10/2013 |

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| **Over-the-Counter (OTC) Drug Label Example** |
| **Drug Facts**  **Active ingredient (in each 5 mL**) **Purpose**  Cough suppressant  Dextromethorphan polistirex equivalent to  30 mg dextromethorphan hydrobromide |
| **Uses**   * Temporarily relieves   + cough due to minor throat and bronchial irritation as may occur with the common cold or inhaled irritants   + the impulse to cough to help you get sleep |
| **Directions**   * shake bottle well before use * measure only with dosing cup provided * do not use dosing cup with other products * dose as follows or as directed by a doctor * mL=milliliter  |  |  | | --- | --- | | Adults and children 12 years and over | 10 mL every 12 hours, not to exceed 20mL in 24 hours | | Children 6 to under 12 years of age | 5 mL every 12 hours, not to exceed 10 mL in 24 hours | | Children 4 to under 6 years of age | 2.5 mL every 12 hours, not to exceed 5 mL in 24 hours | | Children under 4 years of age | Do not use | |

**My medication List**

**(Include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements)**

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| **What I am taking** | **Strength** | **How Many & How Often** | **Reason for Use** | **When started** | **Notes or special directions** |
| *Metformin* | *500 mg* | *1 tablet*  *3 times/day* | *Diabetes* | *7/1/2013* | ***examples***  ***using labels***  ***above*** |
| *Dextromethrophan* | *30 mg/5mL* | *10 mL every 12 hours* | *Cough Suppressant* |  |
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