Personal Medication Record

Prescription Medications
I am Taking Regularly or As Needed

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Non-Prescription Medications
I am Taking Regularly or As Needed

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Name/Strength _____
Directions _____
Purpose _____
Prescriber _____

Medical Values to Monitor

Date	Blood Pressure	Weight	Cholesterol	Immunizations

This information is the property of:

Name _____
Address _____
Phone Number _____
In case of emergency contact:
Name _____
Relationship _____
Phone Number _____
Doctor _____
Doctor's Phone Number _____
Pharmacy _____
Pharmacy's Phone Number _____
Conditions I am being treated for:

_____
_____
_____

Allergies and Drug Sensitivities:

_____
_____
_____