



## Personal Medication Record

(Always keep this form with you. Take this record with you to every doctor and hospital visit.  
Update your list after every doctor and hospital visit)

Name	Date of Birth	Date of Record

Allergies and Reactions (please describe what happened when you took medicine)	
Medication	Reaction



Doctor / Dentist / Prescriber's Name	Phone Number	Type of Practitioner/Reason for Seeing

Pharmacy Name	Phone Number	Location

