



# My Medicine List Tracker

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_

Email: \_\_\_\_\_ Healthcare Provider Phone: \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

## THINGS YOU SHOULD KNOW ABOUT YOUR MEDICINE:

1. What is the name?
2. What dose do I take (# pills, mg, ml, drops, puffs)?
3. How do I take it?
4. What should I do if I miss a dose?
5. What are the possible side effects?
6. Does the medicine interact with any of my other medicine (prescription or over-the-counter)?
7. What should I do if I experience a side effect?
8. Should I take it with or without food?
9. Where should I store it?
10. Am I allergic to any medicines?

**Complete this list with all of your prescribed medicines. Bring this list with you when you see your healthcare provider (primary care, specialist, case manager, nurse, or while in the hospital). Discuss any questions you have about your medicines. Update the list when your doctor changes your medicine, a new medicine is prescribed, or you no longer have to take a medicine.**

Name of Medicine	Dose (# pills, mg, ml, drops, puffs)	When I Take It (what time, # times per day, before or after meals)	Reason I Take It