

Nonprescription medicines

- Cold or cough medicine _____
- Aspirin or other pain reliever _____
- Allergy relief medicine _____
- Antacids _____
- Sleeping pills _____
- Laxatives _____
- Diet pills _____
- Other _____

Medicines I should not take because of bad reactions or allergies _____

Vitamins, herbals, and supplements

- Vitamins (type) _____
- _____
- _____
- Glucosamine chondroitin _____
- St. John's Wort _____
- Ginkgo biloba _____
- Ginseng _____
- Other _____

Medicine Record Form

This form can help you keep track of your medicines, vitamins, and other dietary supplements. You can make copies of the blank form and use it again. Take this with you each time you go to the doctor or pharmacist.

Name _____

Home phone _____

Work phone _____

Cell phone _____

Prescription Medicines

Name and strength of medicine (example)	Color	What it is for
Tetracycline 250 mg	White	Respiratory infection

FOLD HERE

Date began taking	How much to take and when	Do not take with
2/8/2003	1 tablet 4 times a day 9 a.m., 1 p.m., 5 p.m., 9 p.m.	Antacids or dairy products

FOLD HERE

Blood type _____

Medical conditions _____

Emergency Contact

Name _____

Home phone number _____

Work phone number _____

Cell phone number _____