Personal Medication List

Excellus

Name: Date of Birth:

Physician Name: Telephone Number:

Drug and Known Drug Allergies:

Drug and Known Side Effect:

Please include ALL medications you are taking, including prescription, nonprescription, vitamins, and herbals.
Use more than one sheet if necessary.

Medication Name and Strength (Brand or generic name)	Directions	Time(s) Taken	Purpose of Medication	Comments or Instructions	Name of Prescribing Doctor	Start Date	Stop Date
Example: Mevacor or (lovastatin) 20mg	*One tablet daily*	*6 PM*	*High Cholesterol*	*Take with food*	*Dr. Jones*	*8/6/01*	
Centrum vitamins 100mg	*One tablet daily*	*7 AM*	*Dietary Supplement*		*Self*		
1.							
2.							
3.							
4.							
5.							
6.							

Medication Name and Strength (Brand or generic name)	Directions	Time(s) Taken	Purpose of Medication	Comments or Instructions	Name of Prescribing Doctor	Start Date	Stop Date
7.							
8.							
9.							
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19.							
20.							

List any concerns you have about your medications:

Please share this list and all other health care related information with your doctor. Be sure to update this list regularly.