

**THIS IS A SAMPLE.**

<b>PERSONAL MEDICATION LIST FOR</b>	<b>DOB:</b>
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This medication list was made for you after we talked. We also used information from <insert sources of information>.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:
<input type="checkbox"/> prescription medications
<input type="checkbox"/> over the counter drugs
<input type="checkbox"/> herbals
<input type="checkbox"/> vitamins
<input type="checkbox"/> minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

<b>Allergies or side effects:</b>
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<b>Medication:</b>
<b>How I use it:</b>
<b>Why I use it:</b> <b>Prescriber:</b>
<b>Date I started using it:</b> <b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>

<b>Medication:</b>
<b>How I use it:</b>
<b>Why I use it:</b> <b>Prescriber:</b>
<b>Date I started using it:</b> <b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>

**PERSONAL MEDICATION LIST FOR**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR < Insert Member's name, DOB: mm/dd/yyyy >**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	<b>Date I stopped using it:</b>

<b>Other Information:</b>
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**If you have any questions about your medication list, call <insert MTM provider contact information, phone numbers, days/times, etc.>.**

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