

PERSONAL MEDICATION HISTORY

Whenever you see a doctor; including your primary care physician and any specialists, review and update this medication list.

After any hospitalization, check with your doctor or pharmacist to review this medication list.

Patient

Primary Physician (Phone)

Pharmacist and Pharmacy (Phone)

Date Prepared

Start Date	Name of Medication	Strength	How to take this medication				Purpose	Comment	Prescribed by
			Quantity	Route	Frequency	Food			
dd/mm/yy	Brand and Generic name (If available)								

ALLERGIES: No known allergies <input type="checkbox"/>	
Agent	Reaction

Pharmacist signature

Patient Signature