

Medication List Tracker

Keep an Up-to-Date List of Every Medication

Patient Information

Name: _____

Date of birth: _____

Pharmacy name & phone: _____

Primary provider & phone: _____

Emergency contact: _____

Allergies (and reaction): _____

Medications

Medication name	Dose	How often / what time	What it's for	Prescribed by	Start date	Notes

Reminders

☐ Include over-the-counter medicines, vitamins, and supplements

☐ Bring this list to every appointment and hospital visit

☐ Update this list every time a medication is started, changed, or stopped

☐ Keep a copy in your wallet or purse, and on your phone