

PERSONAL MEDICATION LIST FOR:

- 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:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- 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: < *INSERT DATE* >

Allergies or side effects: < *Insert beneficiary's allergies and adverse drug reactions including the medications and their effects* >

Medication: < *Insert generic name and brand name, strength, and dosage form for current/active medications.* >

How I use it: < *Insert regimen, including strength, dose and frequency (e.g., 1 tablet (20 mg) by mouth daily), use of related devices and supplemental instructions as appropriate* >

Why I use it: < *Insert indication or intended medical use* >

Prescriber: < *Insert prescriber's name* >

< **Insert other title(s) or delete this field** >: < *Use for optional product-related information, such as additional instructions, product image/identifiers, goals of therapy, pharmacy, etc., and change field title accordingly. This field may be expanded or divided. Delete this field if not used.* >

Date I started using it: < *May be estimated by Plan or entered based upon beneficiary-reported data, or leave blank for beneficiary to enter start date* >

Date I stopped using it: < *Leave blank for beneficiary to enter stop date* >

Why I stopped using it: < *Leave blank for beneficiary's notes* >

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

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
<i>< Insert other title(s) or delete this field >:</i>	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<i>< Insert other title(s) or delete this field >:</i>	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<i>< Insert other title(s) or delete this field >:</i>	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<i>< Insert other title(s) or delete this field >:</i>	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<i>< Insert other title(s) or delete this field >:</i>	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	



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

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
< <i>Insert other title(s) or delete this field</i> >:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
< <i>Insert other title(s) or delete this field</i> >:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
< <i>Insert other title(s) or delete this field</i> >:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

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