eternalHealth™

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 >*

Medication:	
How I use it:	
Why I use it:	Prescriber:
< Insert other title(s) or delete this field >:	
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:
< Insert other title(s) or delete this field >:	
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:
< Insert other title(s) or delete this field >:	
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:
< Insert other title(s) or delete this field >:	
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:
< Insert other title(s) or delete this field >:	
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:**
*< Insert other title(s) or delete this field >***:**	
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:**
*< Insert other title(s) or delete this field >***:**	
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:**
*< Insert other title(s) or delete this field >***:**	
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. >.*