

## My Medication/Supplement Record

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Medication can play a crucial role in your health—if it’s used properly. To help you keep track of the medications you take (prescription and over-the-counter), as well as dietary supplements (such as vitamins, minerals and herbals), save this form on your computer, fill in the fields and print it out. You can also print this form and write in the information. Give a copy to your doctors and pharmacist. Also keep a copy with you at all times—and consider giving a copy to a friend or family member. Be sure to update the information whenever a change is made.

Example:

What I'm Using <small>Record prescriptions, OTC drugs and supplements</small>	How Much	How/When to Use <small>(list "as needed" when appropriate)</small>	Start/Stop Dates	Why It's Being Used	Who Prescribed/ Recommended & Contact Info
XXXX	40 mg, use two 20 mg pills	Take orally, twice daily, at 8 am and 8 pm	01/01/2019	Lowers blood pressure	Dr. X (XXX) XXX - XXXX