

My name is: _____



My Doctor is: _____

My Pharmacy is: _____

Center for Education and Research on Therapeutics
University of Arizona Health Sciences Center

Doctor's Phone #: _____

MY MEDICATION RECORD

Use this form to help you in your steps to safe medication use. The best way to use it is to keep it up to date and carry it with you. Show it to your doctor and pharmacist at each visit and ask them to check for interactions. Include all prescription medications, as well as non-prescription medicines, vitamins, herbal therapy, or dietary supplements.

Brand Name	Generic Name (Ingredients)	Why do you take it?	What does the medication look like?	What is the dose?	How are you supposed to take it?	How often do you take it?	When did you start taking it?	When did you stop taking it?

If you have had side effects from any medications, please list the medications here and describe the side effects:
