My Medicines List

My Name:	My Allergies:	My Emergency Contact Information:

My medicines, vitamins, herbals, and supplements, as of Date:

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these every day							
Name (brand and generic)	**Strength of medicine**	**I take this medicine for**	**When, how, and how much I take**				
			Instructions	**Morning**	**Noon**	**Evening**	**Bedtime**

My Medicines List

My Name:	My Allergies:	My Emergency Contact Information:

My medicines, vitamins, herbals, and supplements, as of Date:

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these regularly, but not every day				
Name (brand and generic)	**Strength of medicine**	**I take this medicine for**	**When, how, and how much I take**	
			Instructions	**When**

My Medicines List

My Name:	My Allergies:	My Emergency Contact Information:

My medicines, vitamins, herbals, and supplements, as of Date:

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these only when I need them			
Name (brand and generic)	**Strength of medicine**	**I take this medicine for**	**When, how, and how much I take**