

Instructions

Note: Information such as allergies; your primary doctor/practitioner; the medications you are taking; the amount; how often, and the reason you take them is vitally important to healthcare providers.

- ✓ Maintaining a complete, accurate, and up to date medication list is very important for you and those who provide you care.
- ✓ This form is merely a guide to help you keep track of some critical information for your health and wellbeing as you move through the Healthcare system.
- ✓ I recommend keeping a copy with you, giving a copy to a family member, keep on in the glove box of your car and have a current copy placed in your chart at all your healthcare providers.

Completing this form

Allergies: list all medication allergies and what reaction you had. Also list other important allergies where such as, eggs, bees, etc. no need to list seasonal allergies here.

Diagnosis: list all the diagnosis you provider discusses with you during your visits. Also referred to as your illnesses or chronic conditions. These include things like, High Blood Pressure (also called Hypertension), High Cholesterol, Diabetes, Gout, Depression, Heart Disease etc. If you are unsure, you can ask the nurse or provider at your next appointment for a list.

Primary Care Provider: here you will place the name, practice and telephone number of your Primary provider (usually the one you see for annual physicals) OR if you see other specialty providers frequently you can place their information here also.

Medications: All information **except reason** can be found on your prescription containers (bottles, boxes, etc.) Be sure to list all medications, and don't forget about special ones like; insulins, inhalers, nebulizers, etc. **If you are unsure about why you take a specific medication, you should check with your primary care provider and/or specialists.**

- ✓ Special note for respiratory medications such as inhalers and nebulizers: When adding these meds if you know the dosage good, but if not, do not worry; putting the rest of the information in table will help your providers know the correct dosage.

Optional information: You can include the times of day you take medications, or if it is a capsule, tablet , pen etc (this is usually used inside the hospital and becomes good information to help you keep your regular medication schedule):

Example

Medication Name	Dose (mg, mcg,units etc.)	How Many/ How Often (1 tablet 2 times/ day, daily, bedtime)	Reason (blood pressure, heart, gout, headaches etc)
levothyroxine	137mcg capsule	1 tablet daily in am	Low thyroid (hypothyroid)
✓ Albuterol	✓ Inhaler or nebulizer	✓ 2 puffs every 4 hours as needed	✓ asthma
Humalog insulin (Pen or vial)	10 units	3 times a day before meals	Diabetes type 2
Lantus (Pen or vial)	45 units	once a day at bedtime	Diabetes type 2
Metoprolol	25mg tablet	2 tablets twice a day (6am, 6pm)	Blood Pressure