

# Medicine Record Form

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This form can help you keep track of your medicines, vitamins, and other dietary supplements. You can make copies of the blank form and use it again. Take this with you each time you go to the doctor or pharmacist.

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## Contact Information

Name:

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Home phone:

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Work phone:

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Cell phone:

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Blood type:

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Medical conditions:

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## Emergency Contact Information

Name:

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Home phone:

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Work phone:

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Cell phone:

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## Nonprescription medicines

\_\_\_ Cold or cough medicine

\_\_\_ Aspirin or other pain reliever

\_\_\_ Allergy relief medicine

\_\_\_ Antacids

\_\_\_ Sleeping pills

\_\_\_ Laxatives

\_\_\_ Diet pills

\_\_\_ Other:

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Medicines I should not take  
because of bad reactions or  
allergies:

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**Vitamins, herbals, and supplements**

\_\_\_ Vitamins (type):

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\_\_\_ Glucosamine chondroitin

\_\_\_ St. John's Wort

\_\_\_ Ginkgo biloba

\_\_\_ Ginseng

\_\_\_ Other:

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**Prescription Medicines**

Name and Strength of Medicine	Color	What It Is For	Date Began Taking	How Much To Take and When	Do Not Take With
<b>(example)</b> Tetracycline 250 mg	White	Respiratory infection	2/8/2003	1 tablet 4 times a day - or - 9 a.m., 1 p.m., 5 p.m., 9 p.m.	Antacids or dairy products

## Questions To Ask Before Taking Medicine

1. What are the brand name and generic name of this medicine?

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2. Can I take a generic version of this medicine?

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3. What am I taking this medicine for?

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4. Does this new prescription mean I should stop taking any other medicines I'm taking now?

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5. How do I take the medicine and how often do I take it? If I need to take it three times a day, does that mean to take it at breakfast, lunch, and dinner, or to take it every 8 hours?

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6. Do I need to take it all, or should I stop when I feel better?

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7. How long will I be taking it? Can I get a refill? How often can I get a refill?

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8. Are there any tests I need to take while I'm on this medicine?

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9. When should I expect the medicine to start working? How can I tell if it's working?

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10. When should I tell the doctor about a problem or side effect?

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11. Are there foods, drinks (including alcoholic beverages), other medicines, or activities to avoid while I'm taking this medicine?

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12. What are the side effects that can happen with this medicine?

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13. What should I do if I have a side effect?

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14. What happens if I miss a dose?

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15. What printed information can you give me about this medicine?

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## Doctors and Pharmacy

Doctor:	
Phone:	

Doctor:	
Phone:	

Doctor:	
Phone:	

Pharmacy:	
Phone:	