



My Medication List



Keep this list updated any time your prescribed medication, dosage, or frequency changes. Keep a copy in your emergency kit. Always take your medication list to doctor's visits and to the hospital. Complete a second page if you are on more than seven medications.

Name: _____

Date Completed: _____

Completed by: _____

MEDICATION Include name brand and generic name, if applicable	DOSAGE List the amount of each dose (e.g., # mg)	FREQUENCY How many times per day medication is taken	NOTES Include if this medication should be taken with food, taken on an empty stomach, or other special instructions



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