My medication list

Share your medication list with your doctor, nurse and pharmacist. Carry this card with you at all times!



Name:	Date of Birth:			
Doctor:	Health Centre:			
Pharmacy:	Pharmacy Phone:			
My allergies or bad reactions to medications:				
Allergies (to medication, food, latex, etc)	Type of Reaction (what happens)			

List of medications on back

LIST ALL MEDICATIONS THAT YOU TAKE, including prescriptions, over-the-counter medications, vitamins, supplements, herbal medicines, inhalers, nose sprays, eye/ear drops, patches, injections, cream and lotions, birth control pills, dialysis solutions etc. ➤ *Update your list by crossing out old medications and adding new ones!*

Medication Name	Strength	How much	How often	Reason for taking
Example: Simvastatin	40 Mg	1 tablet	Daily at bedtime	High Cholesterol