

Name:

Date:

Prescription medications

Use the chart below to list **all** the brand-name and generic prescription medications you currently take. Be sure to fill in all the information for each medication. The amount of medication in each pill appears on the prescription label in milligrams (mg). This is called the dose, or strength. The label on liquids and shots lists the dose too.

Medication name	Prescribing doctor's name	Reason for taking the medication	Dose (such as 2 mg, 1 tsp)	How often? (such as 3x/day)

Nonprescription medications, vitamins, and supplements

List all those you take occasionally, such as aspirin for headache, as well as those you take every day, such as a multivitamin or nutritional supplement. Include any herbs or alternative medicines that you take.

Name	Reason for taking the medication	Dose	How often? (such as 3x/day)