

My Medication Tracker

Last Updated: _____

Personal & Emergency Info

Name: _____ DOB: _____

Emergency Contact: _____

Allergies: _____

Pharmacy: _____

Current Medication List

Include prescriptions, OTCs, vitamins, and supplements

Medication Name	Dose	Reason of Use	Frequency	Prescriber	Special Instructions <small>(e.g. take with food)</small>

Tip: Keep this list updated and share it with your healthcare providers.