My Medication List

1 Name: Jane Patient **2 Date:** 03/28/18

Family Physician: Dr. John Smith **Phone:** (XXX) XXX-XXXX

Pharmacy Name: ABC Pharmacy **Phone:** (XXX) XXX-XXXX

3 Allergies: Describe Reaction ☐ **No Known Reactions**

Latex–rash
Nuts–Anaphylactic shock
Eggs–Trouble breathing

Currently taking medications/ supplements at home?
☒ **Yes** ☐ **No** ☐ **Unknown**

When do you take your medications?

4 Medication Name	5 Dose	Morning	Noon	Evening	As Needed
Metformin– diabetes	500 mg	2			
Tylenol Arthritis– pain	650 mg			1	
Vitamin D	1000 mg	2			
Natural Tears	1 drop				X
Insulin Kwik pen– diabetes	4 units	X	X	X	
Hydrocortisone Cream	.1%			X	

The anatomy of a good medication list

A comprehensive and current medication list can save precious time during an emergency.

Whether you are coming to the hospital Emergency Department, to a walk in clinic or other medical appointment, you should be asked for a current list of your medications.

Why is your medication list important?

When seeking medical care, especially in the Emergency Department, your healthcare team needs to consider your whole health picture. In addition to understanding your physical symptoms, an important part of your health assessment is to know what medications are being taken and why they are being taken.

1. Include your full name and the name and contact number of your family physician and pharmacy.
2. Make sure the list is current. Review and update your list when you renew prescriptions or schedule it on the calendar at least once or twice a year.
3. List all allergies and sensitivities. Include medication, food and environmental allergies along with your allergy symptoms.
4. List all prescription medications. Include over the counter medications, vitamins, minerals, herbal supplements, etc. Don't forget eye drops, prescribed creams and nasal sprays.
5. This section is very important–what is the dosage of each item listed? How often do you take it? What time of day do you take it?

Create your own Medication List

You can find a sample form on the Halton Healthcare website, **haltonhealthcare.com**. Fill it in or create your own and bring the list with you to all your medical appointments. Update this list regularly, as your medications change.

Patient/Family-Recorded Home Medication List

Name: **Date:**

Pharmacy name: **Phone number:**

Allergies (Described Reaction): ☐ No Known Allergies

Currently Taking Medications/ Supplements at Home?
☐ No ☐ Unknown

When do you take your medications?

Medication Name	Dose or Strength	AM	Noon	PM	Bedtime	Other	As Needed
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Completed By: ☐ Patient ☐ Family ☐ Health Care Professional