

PERSONAL MEDICATION LIST FOR < Member Name >, DOB: < Member DOB >

This medication list was made for you after we talked. We also used information from clinical data provided by your physician and/or your pharmacy claims.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

Allergies or side effects:

Medication:

How I use it:

Why I use it:

Prescriber:

Date I started using it:

Date I stopped using it:

Why I stopped using it:

Medication:

How I use it:

Why I use it:

Prescriber:

Date I started using it:

Date I stopped using it:

Why I stopped using it:

PERSONAL MEDICATION LIST FOR < Member Name >, DOB: < Member DOB >

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR < Member Name >, DOB: < Member DOB >
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(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call us toll free at 1-833-837-4304, Monday - Thursday, 9 am - 6 pm CST, and Friday, 9 am - 4 pm CST. TTY users can reach our team through the National Relay Service 711.

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