MEDICATION LIST

Keep one current list and bring it to every healthcare visit.

Date Last Updated: _____

1 PATIENT IDENTIFICATION

Full Name: _____ **Date of Birth:** _____

Phone Number: _____ **Current Address:** _____

Primary Diagnosis: _____ **Emergency Contact:** _____

Relationship: _____ **Emergency Phone:** _____

2 HEALTHCARE TEAM CONTACTS

Primary Care Provider (PCP): _____

Preferred Pharmacy: _____

Specialist 1 / Specialty: _____

Specialist 2 / Specialty: _____

Specialist 3 / Specialty: _____

MEDICATION LIST

Include prescriptions, OTC medicines, vitamins, herbal supplements, and other substances.

3 CURRENT MEDICATIONS & SUPPLEMENTS

Medication	Dose & Directions	Reason	Prescriber	Notes
Example: Metformin	1000 mg twice daily	Diabetes	Dr. Jill Smith	Take with food

MEDICATION LIST

4 MEDICATIONS I DON'T USE

List medications you stopped because of an allergic reaction, side effect, or other problem.

Medication	Specific allergy / reaction / problem
Example: Penicillin	Rash / hives
Example: Glyburide	Lightheadedness / low blood sugar

MEDICATION LIST

Review and update this page whenever your medications change.

5 IMPORTANT INSTRUCTIONS

CLEARPATH TIP

Update this list after every visit and bring it to all appointments.

PROVIDER REVIEW

Review the list with your provider, including medicines that may affect fall risk or driving safety.

EMERGENCY READINESS

Keep an up-to-date copy where a trusted family member or emergency responder can access it.

ADDITIONAL NOTES / MEDICATION QUESTIONS