Date Last Updated:

MyMedications List

The **MyMedications List** is a way for you to keep track of all prescription medications, over-the-counter (OTC) medications, vitamins, supplements, and herbal products that you are currently taking.

How to use your MyMedications List:

- List every prescription medication, OTC medication, vitamin, supplement, and herbal product that you are currently taking.
- Update this list any time you make a change to what you take.
- Also list things you have stopped taking because of allergic reactions or for other reasons (like side effects, cost, or if it did not work).
- Bring this list with you whenever you go for health care, like to your doctor, dentist, pharmacist, or a hospital.
- Review this list with your healthcare provider (such as a doctor, pharmacist, nurse practitioner, or physician assistant) to identify medications that may increase your risk of a fall or affect your ability to drive safely.
- Work with your healthcare provider to complete the MyMedications Action Plan and adjust any medications as needed. The MyMedications Action Plan is available at <u>bit.ly/CDC-MedicinesRisk</u>.





My Information					
Name:	DOB:		Phone:		
Current Address:					
Emergency Contact:		Emergency Contac	ct Phone:		
Relationship:					
My Healthcare Providers					
Primary Care Provider:			_ Phone:		
Other Provider 1:		Provider	1 Phone:		
Specialty:					
Other Provider 2:		Provider	2 Phone:		
Specialty:					
Pharmacist:			Phone.		

My Medical Conditions

Medical Condition	Date Diagnosed
Example: high blood pressure	09/01/2020

Allergies or Other Problems with Medications

Name of Medication	Describe Problem
Example: penicillin	Rash, hives
Example: glyburide	Lightheaded, low blood sugar

My Current Prescription Medications, Over-the-Counter (OTC) Medications, Vitamins, Supplements, and Herbal Products

Name of Medication	Reason Taken	Dose and Directions	Prescribing Provider	Notes
Example: metformin	Diabetes	1000 mg twice a day	Dr. Jill Smith	Take with food
Example: oxymetazoline (Afrin)	Congestion	Two sprays in each nostril no more than twice a day	отс	<i>Do not use for more than three days in a row</i>

continued on next page, if needed

My Current Prescription Medications, Over-the-Counter (OTC) Medications, Vitamins, Supplements, and Herbal Products

Name of Medication	Reason Taken	Dose and Directions	Prescribing Provider	Notes

Page number _____ of _____

For more information: bit.ly/CDC-MedicinesRisk