

Personal Medication Log

Why use this form: It will help you, or your family, remember all the medicines that you are taking—prescription, over-the-counter, vitamins, and herbal products—when a doctor or hospital needs to know. This is especially helpful in an emergency when you may not be able to tell them. It saves time, communicates vital medical information, and improves medication safety.

How to use this form: Keep this form with you, in your wallet or purse. Keep the information current by marking out medications you no longer take, and writing in new ones. Show this list to your doctors and pharmacists and ask them to review it and help you fill it out. Using a pencil makes this easier.

Be sure to bring this form every time you visit a doctor or hospital.

Information About You

Name _____ Birth Date _____ Blood Type _____ Weight _____ Height _____

Address _____

Primary Care Doctor _____

Other Doctors	Name	Phone

Preferred Pharmacy	Name	Phone

Emergency Contact	Name	Relationship	Phone

Medical Conditions

Asthma Heart Disease Diabetes Cancer High Blood Pressure
 Kidney Disease Other _____

Vaccinations (Date of last immunization)

Flu (Influenza) _____ Pneumonia _____ MMR _____ Tetanus/Diph or Tdap _____

List Allergies and any Medications You Cannot Take or Had to Stop Taking

Medication, Food, Environmental	Why? What Happened?

Questions to Ask My Doctor or Pharmacist

Additional copies available at Jackson Hospital or visit www.jackson.org



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