

**Personal Medication Lists as of \_\_\_\_\_**  
date

**Over-The-Counter Medications:** Use the chart below to record all of the over-the-counter medications you are taking. Be sure to update the list when you start taking a new medicine (including vitamins and herbal products).

Name	Why do you take it? (allergies, headache, upset stomach, etc.)	Dosage (medication strength or amount)	How do you take it?	Doctor's Name (if recommended by a doctor)
<i>Example: Extra Strength Tylenol</i>	<i>Arthritis pain</i>	<i>1,000 mg (2 caplets) every 6 hrs.</i>	<i>4 or 5 times a month</i>	<i>None</i>

**Prescription Medications:** Use the chart to record all of the medications you are taking. Be sure to update the list when you start taking a new medicine.

Name	Why do you take it? (your medical condition)	Dosage (medication strength; number of times you take it daily)	How do you take it? (time of day; with or without food)	Doctor's Name
<i>Example: Hydrochlorothiazide</i>	<i>High blood pressure</i>	<i>25 mg once daily</i>	<i>In the morning with food or milk</i>	<i>Dr. Doe</i>