

MEDICATION RECORD

Name: _____ **Date Record Started** _____

How to use this form: Use this form to keep track of your medicines and update it when changes are made. BRING ALL YOUR MEDICINES and THIS FORM to **ALL** your visits to doctors offices or clinics, for medical tests, and if you come to the hospital for admission or surgery or emergencies. If you need help, ask your doctor, nurse or pharmacist.

Primary Doctor's Name _____ Phone _____

Other Doctors/Health Providers _____ Phone _____

Name of Pharmacy _____ Phone _____

UVa Medical Record # _____ Other # _____ Hospital _____

Allergies and reactions: _____

(Including medicines you were told to avoid or you have problems taking)

Vaccination Dates: Flu _____ Pneumonia _____ Tetanus _____ Other _____

Medications I take regularly (including prescriptions and any herbals/supplements and over the counter medicines):

Medicine Name & Strength <small>(Example: Pravachol 40 mg)</small>	Amount to take each time <small>(2 tablets, 1 tsp Etc.)</small>	When to take <small>(ex. twice/day or 8 AM, 6 PM)</small>	Reason I take the medicine <small>(ex. lower cholesterol)</small>	Comments & Special Instructions <small>refills left, doctor's name, date started & stopped, lab tests (ex: take with food)</small>



Continued

Medicine Name & Strength (Example: Pravacol 40 mg)	Amount to take each time (2 tablets, 1 tsp Etc.)	When to take (ex. twice/day or 8 AM, 6 PM)	Reason I take the medicine (ex. lower cholesterol)	Comments & Special Instructions refills left, doctor's name, date started & stopped, lab tests (ex: take with food)

Medicine that I take only as needed (including any prescriptions, herbal/supplements and over the counter medicines):

Medicine Name & Strength (Example: Tylenol)	Amount to take each time (2 tablets, 1 tsp Etc.)	When to take (ex. twice/day or 8 AM, 6 PM)	Reason I take the medicine (ex. Arthritis pain)	Comments & Special Instructions refills left, doctor's name, date started & stopped (ex: take with food)