

## Medicine List

(Include ALL medicines taken, i.e., prescription, nonprescription, vitamins, and herbals)

Medicines: Generic Name (Brand) & Strength	Directions	Time(s) Taken	Purpose of medicine	Comments	Name of Prescriber if not Self	Start Date	Stop Date*
<i>Example: Lovastatin (Mevacor) 20mg</i>	<i>One tablet daily</i>	<i>6 PM</i>	<i>High Cholesterol</i>	<i>Take with food</i>	<i>Dr. Jones</i>	<i>8/6/07</i>	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

\*When a medicine is stopped, place the date in the “stop date” column and draw a line through that row.

Check if more than one page

Community-wide Patient Safety Committee, Rochester Regional Healthcare Association, [DAshlev@seagatealliance.com](mailto:DAshlev@seagatealliance.com)  
 Monroe County Medical Society, [mjmilano@mcms.org](mailto:mjmilano@mcms.org)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Allergies	Brief Description of Reaction
-----------	-------------------------------

_____	_____
_____	_____
_____	_____
_____	_____

### **Medicine List**

#### Directions for Use:

1. Gather ALL the medicines, i.e., prescription, nonprescription, vitamins & herbals that you *currently* use on a regular or as needed basis.
2. Follow the example at the top of the page and list ALL of your medicines.
3. If needed, have someone help you.
4. Use more than one sheet if necessary.