CURRENT MEDICATION LIST

Name _____ Date _____

DOB _____

Address_____

Allergies _____

- Complete the information below regarding all medications you are currently taking.
- Be certain to list both prescription and non-prescription and non-prescription medications, including any herbals or supplements you take.
- Keep this list with you at all times, especially when you go to your physician or are admitted to the hospital. Remember to keep the list updated.

Example: Reglan 10mg 4 times daily Stomach problems

Medication	**Dosage**	**How often**	**Reason**

Example: Reglan 10mg 4 times daily Stomach problems

Medication	Dosage	How often	Reason