

Personal Medication List

Name: _____ Date of Birth: _____
 _____ Date: _____

This medication list was made for you after we talked. We also used information from our claim systems.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

<p>Keep this list up-to-date with:</p> <p><input type="checkbox"/> prescription medications</p> <p><input type="checkbox"/> over the counter drugs</p> <p><input type="checkbox"/> herbals</p> <p><input type="checkbox"/> vitamins</p> <p><input type="checkbox"/> minerals</p>
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

Date Prepared:

Allergies or side effects:

Medication:	
How I use it	
Why I use it	Prescriber:
Notes:	
Date I started using it	Date I stopped using it:
Why I stopped using it:	

Personal Medication List For:	
Name:	DOB:

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	



Personal Medication List For:	
Name:	DOB:

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call Leon Health Plans, Inc. at 1-(844)-969-5366 (TTY users call 711). Our hours of operation are 8 a.m. to 8 p.m., seven days a week from October 1st through March 31st and Monday through Friday the rest of the year.

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