Medication List

Prepared on: _____ *(insert date)*

Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.

Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	**How I take it**	**Why I use it**	**Prescriber**
< Insert generic name and brand name, strength, and dosage form for current/active medications >	*< Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate >*	*< Insert indication or intended medical use >*	*< Insert prescriber name >*

Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication List for _____, DOB: _____

Medication	How I take it	Why I use it	Prescriber

Allergies:

< *Insert allergy information* >

Side effects I have had:

< *Insert side effect information* >

Other information:

< *Optional* >

My notes and questions:

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal.