



Your Hospital

Name: _____ **2. Date:** _____
Family physician: _____ **Phone number:** _____
1. Pharmacy name: _____ **Phone number:** _____
3. Allergies (Described Reaction): No Known Allergies

A Life Saving New Year's Resolution!

Always carry an up-to-date medication list in your wallet or purse. A comprehensive and current medication list can save precious time during an emergency.

Currently Taking Medications/Supplements at Home?
 No Unknown

When do you take your medications?

4. Medication Name	5. Dose or Strength	AM	Noon	PM	Bedtime	Other	As Needed
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Your Medication List

When seeking medical care, your healthcare team needs to consider your whole health picture. In addition to understanding your physical symptoms, it is important to know what medications are being taken and why they are being taken. Please remember:

1. Include your full name and the name/contact number of your family physician and pharmacy.
2. Review and update your list when you renew prescriptions or schedule it on the calendar at least once or twice a year.
3. List all allergies and sensitivities. Include medication, food and environmental allergies along with your allergy symptoms.
4. List all prescription medications. Include over the counter medications, vitamins, minerals, herbal supplements, etc.
5. Include the dosage of each item listed, how often you take it and what time of day you take it at.

Create your own Medication List

You can cut out this medication form or download it from our website, www.haltonhealthcare.com by searching "Medication List".

Completed By: Patient Family Healthcare Professional