My Information

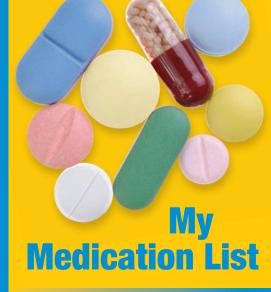
Name:								
Emergency Contact Person's Name:								
Phone:								
Allergies (to medicines, foods, insect bites or anything else):								

Health Care Provid	er's Name:	
Phone:		
Pharmacy:		
Phone:		
Address:		



How to Remember to Take Your Medicine

- Take it at the same time as something else you do every day, like brushing your teeth, walking the dog, or watching the news.
- Keep medicines in a pill box.
- Use this medication list and keep it updated.
- Set your cell phone or watch alarm to remind you to take your medicines at the right times.
- Ask your pharmacy to label your medicine bottles in the language you'd like to read.
- Have a friend or family member remind you.



Keep It Handy









Medication List

 List everything you take—prescription drugs, over-the-counter drugs, vitamins, herbs, supplements—in the table below.

	This Medicine Is for My	When Do I Take It and How Much?			
Name and Dose of My Medicine		Morning	Noon	Evening	Bedtime
Example: Hydrochlorothiazide 25 mg	Example: Hypertension (high blood pressure)	Example: pill			

 Ask your health care provider or someone in his or her office to update this list every time you visit. Ask your health care provider or pharmacist:

- Why you need to take these medicines
- How to manage any side-effects
- What to do if you miss a dose

	Name and Dose of My Medicine	This Medicine	When Do I Take It and How Much?			
		Is for My	Morning	Noon	Evening	