

Medication List

Name:	
Date Of Birth:	
Today's date:	
Allergies:	

Medication	Dosage	Frequency	Route IV, oral, etc)	Reason taking/ indication	Prescribing doc	Date started

Don't forget to include:

- The name of the doctor who prescribed the drug
- The name of the drug as written on the prescription
- Why you were given the prescription
 - the diagnosis, symptom, or lab abnormality being treated
- The date you started to take the medication
- The medication "regimen" meaning how you are taking it
 - For pills or tablets: The dose of each individual tablet or pill;
 the number to be taken at one time
 - For liquid preparations: The concentration of drug per volume; the volume to be taken at one time
 - o For both: the frequency (interval) that amount should be take

And don't forget to include over the counter medications and vitamin supplements on this list

Lundberg Health Advocates, LLC

1180 Beacon St., Suite 4B Brookline, MA 02446