



Name: _____

Date: _____

My Medication List

Bring a list of all medications that you are currently taking to your doctor's appointment.
This includes prescriptions, over-the-counter medications, vitamins, herbs, and nutritional supplements.

	Name	Dose	Frequency	Why I'm taking this medication
Prescriptions				
•				
•				
•				
•				
•				
•				
Vitamins				
•				
•				
•				
•				
•				
Herbs				
•				
•				
•				
•				
Nutritional supplements				
•				
•				
•				
•				