ASPIRUS™ Passion for excellence. Compassion for people.

My Medicine List • "List it. Don't risk it."

Today's Date

Name

Sex ○ Male ○ Female

Address

Date of Birth

Phone

Doctor name and phone

Pharmacy name and phone

Emergency contact name, phone, relationship

Medicines I should not take and why

Medicine What happened?

Medicine What happened?

Medicine What happened?

Medicine What happened?

My Medicine List

List all medicines you take. Include prescriptions, vitamins, over-the-counter, supplements, alternative and herbal medicines. Include medicines you got as samples, from the internet, or by mail order.

Name of Medicine and dose	How I take it	Why I take it	Who told me to take it	Date Started	Date Stopped
Example: Aspirin 81mg	*1 pill in the morning*	*Blood*	*Dr. White*	*2005*	*2006*

Notes/Comments