LatterYears

My Medication List

Keep this list current. Bring it to every appointment, ER visit, and hospital stay.

Name: _____

Date of birth		**List last updated**		**Updated by**	
Health conditions					
POLST / advance directive	Yes / No Kept at:	**Health care agent**		**Agent phone**	

Allergies and bad reactions

Medication or substance	What happened

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Current medications

Include prescriptions, over-the-counter medicines, vitamins, supplements, inhalers, eye drops, creams, and patches.

Medication (brand / generic)	Dose	When and how	What it's for	Prescribed by	Started	Notes / side effects to watch
Example: Eliquis / apixaban	*5 mg*	*1 tablet, 8 am and 8 pm*	*Blood clot prevention*	*Dr. Lee (ER)*	*Oct 1*	*New from ER visit. Watch for bleeding.*

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Current medications (continued)

Medication (brand / generic)	Dose	When and how	What it's for	Prescribed by	Started	Notes / side effects to watch

Stopped medications

So nothing is restarted by mistake.

Medication	Date stopped	Stopped by	Reason

Care team and pharmacy

Who to call with medication questions.

Role	Name	Phone
Primary care provider		
Specialist		
Pharmacy		
Nurse line		
Hospice / home health		

Keep it current: update this list whenever a medication starts, stops, or changes, and after every ER, hospital, or specialist visit. Date each version and throw out old copies. Keep one on the fridge, one in the wallet, and share a photo with family helpers.