

My Medicine Record

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<u>Medication</u>	<u>Who Prescribes it?</u>	<u>How Much?</u>	<u>How to Use</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Reason for stopping or Why I'm taking it</u>
<i>Please list all medications you have taken and start with medications you are currently taking.</i>						
<i>Example: Lexapro</i>	<i>John Doe</i>	<i>20mg</i>	<i>1 time daily</i>	<i>04/04</i>	<i>05/05</i>	<i>Too sleepy</i>