

MY MEDICATION RECORD



Name: _____ **Birth date:** _____ **Phone:** _____
Emergency Contact: _____ **Relationship:** _____ **Phone:** _____
Primary Care Physician: _____ **Phone:** _____
Pharmacy: _____ **Phone:** _____
Allergies: _____ **Today's Date:** _____

Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Include all of your medications on this record: prescription medications, nonprescription medications, herbal products, and other dietary supplements.

Drug		Take for...	When do I take?				Start Date	Stop Date	Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bedtime				

This sample Personal Medical Record (PMR) is provided only for general informational purposes and does not constitute professional health care advice or treatment. The patient (or other user) should not, under any circumstances, solely rely on, or act on the basis of, the PMR or the information therein. If he or she does so, then he or she does so at his or her own risk. While intended to serve as a communication aid between patient (or other user) and health care provider, the PMR is not a substitute for obtaining professional healthcare advice or treatment. This PMR may not be appropriate for all patients (or other users). The National Diamondback Pharmacy Alumni Council assumes no responsibility for the accuracy, currentness, or completeness of any information provided or recorded herein.