My Medicine List

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- Please list all medicine(s) you take. Include drugs, herbs, and supplements.
- Bring this list to every doctor, urgent care, or hospital visit, and to the pharmacy.
- Don't run out of medicine. Talk to your doctor and pharmacy when you need more.
- Ask your doctor or pharmacy if you have any questions or concerns about your medicines.

Medicine Name and Dose	This Medicine is for my:	When do I take it? How much?				Start	Stop
		Morning	Noon	Evening	Bedtime	Date:	Date:
EXAMPLE:							
Hydrochlorothiazide 25 mg	High blood pressure	1 white pill				1/1/18	NONE

My Medicine List

Medicine Name and Dose	This Medicine is for my:	When do I take it? How much?				Start	Stop
		Morning	Noon	Evening	Bedtime	Date:	Date:

Adapted from My Medication List – Keep it Handy, New York City Department of Health and Mental Hygiene.

DOCTOR'S NAME:	PREFERRED PHARMACY:
PHONE NUMBER:	PHONE NUMBER:



Questions? Please call Alliance Health Programs • Monday – Friday, 8 am – 5 pm

Phone Number: 1.510.747.4577 • Toll-Free: 1.877.932.2738

People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929

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