

**Allergies & Reactions:**  
(include medication and food allergies)

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**Keep a current list of every medication you are taking.**

- ∞ **Prescriptions**
- ∞ **Over-the-counter medicines**
- ∞ **Dietary supplements such as vitamins and herbals**

Make sure ALL your doctors know what you are taking by bringing your medication list to every appointment. Give them a copy of your list. If necessary, bring your medications with you so your doctor(s) can see them.

**My Primary Physician**

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

**My Primary Pharmacy**

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency Contact**

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

**For your purse or wallet.  
Keep with you at all times.**

**MY  
MEDICATION  
LIST**

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Name  
Birthdate  
Phone



**Good Samaritan**  
*www.Goodsamhealth.org*

Medication	Dose	How Often	Reason Taking Medication	Date Prescribed	Prescribing Doctor

Make copies for additional medications

(Rev. 1-2006)