This medication list was made for you after we talked. We also used information from prescription claims data.

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| * Use blank rows to add new medications. Then fill in the dates you started using them.
* Cross out medications when you no longer use them. Then write the date and why you stopped using them.
* Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.
 | Keep this list up-to-date with:* prescription medications
* over the counter drugs
* herbals
* vitamins
* minerals
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

 **DATE PREPARED:**

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| **Allergies or side effects:**  |

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| **Medication:**  |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |
| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Medication:** |
| **How I use it:** |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** |

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| **Other Information:** |
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

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