Current Medications

List every medicine, including ones taken only as needed, plus vitamins and supplements. The first row, marked Example, shows how to fill it in. Write the strength next to the name (500 mg), and under Dose how much is taken (1 tablet). For as-needed medicines, write how often they're really used. Write “store-bought” under Prescriber for anything bought without a prescription.

NAME _____ **DATE OF BIRTH** _____

PHARMACY & PHONE _____ **DRUG ALLERGIES** _____

DATE CHECKED _____ **CHECKED BY** _____

MEDICATION	DOSE	WHEN / HOW OFTEN	REASON	PRESCRIBER	NOTES
Example: Metformin 500 mg tablet	*1 tablet*	*Twice a day, with meals*	*Blood sugar*	*Dr. Ortiz, primary care*	*Matches pharmacy label*

Keep one copy in the appointment bag and one where you'd grab it in an emergency. From KeptWell, the free app that keeps this list current from the records you upload · keptwell.org