Medication list

Every medicine, vitamin and supplement this person takes. Keep it with you; bring it to every visit.

KinLine
Privacy by Design

NAME

DATE OF BIRTH

LAST UPDATED

ALLERGIES (MEDICINE, FOOD, LATEX) AND WHAT HAPPENS

DOCTOR AND PHONE

PHARMACY AND PHONE

EMERGENCY CONTACT AND PHONE

HEALTH CONDITIONS

MEDICINE and what it's for	DOSE e.g. 500 mg	WHEN TO TAKE IT e.g. twice a day, with meals	PRESCRIBED BY or "store-bought"	NOTES started, refill date, side effects

Don't forget: ☐ pills from the store ☐ vitamins and supplements ☐ eye drops, inhalers, creams ☐ injections and patches
Cross out a medicine when it's stopped, and write the new date at the top.

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