

My Personal Medical Record



❖ My Personal Information

Name: _____

DOB: _____

Phone Number: _____

❖ Emergency Contact

Name: _____

Relationship & Phone Number:

❖ Primary Care Physician

Name: _____

Phone Number: _____

❖ Other Physicians

1) Name: _____

Specialty: _____

Phone Number: _____

2) Name: _____

Specialty: _____

Phone Number: _____

3) Name: _____

Specialty: _____

Phone Number: _____

❖ Pharmacy/Drugstore

Name: _____

Pharmacist: _____

Phone Number: _____

How to use this Guide:

- Use this record to keep track of your medications, including prescription drugs, over-the-counter (OTC) drugs, herbal supplements, and vitamins.
- Share the information with your doctors and pharmacists at all visits.
- Always keep it with you.
- Use a pencil.

You should review this record when:

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

Last updated: ___ / ___ / ___

❖ My Medical Conditions

❖ My Allergies

| What I'm Taking | Reason for Use | Form (<i>pill, patch, liquid, injection</i>) | Dosage | How Much & When | Use (<i>regularly or occasionally</i>) | Start/Stop Dates | Notes or Special Directions |
|-----------------|----------------|--|--------|-----------------|--|------------------|-----------------------------|
|-----------------|----------------|--|--------|-----------------|--|------------------|-----------------------------|

Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.

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