



Medication & Allergy List

Track everything you take and any reactions, so your care team has the full picture.

Keep this list current and bring it to every visit. Include prescriptions, over-the-counter medications, vitamins, supplements, and any allergies or reactions.

PATIENT NAME	DATE OF BIRTH	DATE UPDATED

Prescription medications

Medication name	Dose / strength	How often	Reason for taking	Prescribing provider

Over-the-counter, vitamins & supplements

Product name	Dose / amount	How often	Reason for taking



Medication & Allergy List

Track everything you take and any reactions, so your care team has the full picture.

Allergies & reactions

Allergy or trigger	Reaction (rash, swelling, breathing, etc.)	Severity	Year noticed

Severe reactions: tell us first

If you have ever had a severe reaction (anaphylaxis, hospitalization, trouble breathing, or swelling of the face/throat), make sure your provider and pharmacist know before any new medication is prescribed.

Recently stopped or changed

Medication	Change made (stopped, switched, dose change)	Reason / date

Preferred pharmacy

PHARMACY NAME	PHONE	LOCATION OR ADDRESS

Easy way to keep this updated

Take a photo of this list with your phone after every visit. If anything changes between appointments, mark it on the list and bring it next time.

KEEP MEDICAL INFORMATION SECURE

Please do not email this list. Bring the printed copy to your visit, or send it through the secure patient portal.