My Medication List

Florida Family Coverage

Bring this list to every doctor visit, pharmacy visit and hospital stay. Update it each time a medicine changes. Keep a copy on the refrigerator and give one to a family member.

Name _____ **Date of birth** _____ **Date updated** _____

Allergies and bad reactions

☐ No known allergies

Medicines, foods or other allergies, and what happens:

Prescription medicines

Medicine and strength	What it is for	How much	When I take it	Doctor

My Medication List

More prescription medicines

Medicine and strength	What it is for	How much	When I take it	Doctor

Over-the-counter medicines, vitamins and supplements

Name and strength	How much	When I take it	What it is for

My doctors and pharmacy

Main doctor _____ **Phone** _____

Specialist _____ **Phone** _____

Pharmacy _____ **Phone** _____

> Ask your doctor or pharmacist before starting, stopping or changing any medicine. This list does not replace their advice.