

Riverview

My Medicine List • "List it. Don't risk it."

Name Today's Date
 Address Sex Male Female
 Phone Date of Birth
 Doctor name and phone
 Pharmacy name and phone
 Emergency contact name, phone, relationship

Medicines I should not take and why

Medicine <input type="text"/>	What happened? <input type="text"/>
Medicine <input type="text"/>	What happened? <input type="text"/>
Medicine <input type="text"/>	What happened? <input type="text"/>
Medicine <input type="text"/>	What happened? <input type="text"/>

My Medicine List

List all medicines you take. Include prescriptions, vitamins, over-the-counter, supplements, alternative and herbal medicines. Include medicines you got as samples, from the internet, or by mail order.

Name of Medicine and dose	How I take it	Why I take it	Who told me to take it	Date Started	Date Stopped
<i>Example: Aspirin 81mg</i>	<i>1 pill in the morning</i>	<i>Blood</i>	<i>Dr. White</i>	<i>2005</i>	<i>2006</i>

Notes/Comments