### Personal Medication Record

**Name & Phone Number:** 

**Date Updated:**

**Food & Drug Allergies:**

---

**My PRESCRIPTION medications are**

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>What It’s for</th>
<th>Strength/Dose</th>
<th>Color/Shape</th>
<th>How Often You Take It &amp; When</th>
<th>Doctor Who Prescribed It</th>
<th>Date Started</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAMPLE:</strong> Lipitor</td>
<td>Cholesterol</td>
<td>10 mg</td>
<td>White, Oval</td>
<td>1 each day</td>
<td>Dr. Jones</td>
<td>5/24/2007</td>
<td>No grapefruit</td>
</tr>
</tbody>
</table>

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*Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, religion, national origin, age, disability, genetic information, or veteran status.*

*The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.*
## Medication Management: The Prescription for a Healthier You!

### Personal Medication Record

**Name & Phone Number:** ________________________________  **Date Updated:** __________________

**Food & Drug Allergies:** ________________________________

My **Over-the-Counter** medications, **Vitamins**, and **Herbal Supplements** are

<table>
<thead>
<tr>
<th>Name</th>
<th>Why You Take It</th>
<th>Strength/Dose</th>
<th>How Often You Take It &amp; When</th>
<th>Doctor Who Recommended It, If Any</th>
<th>Date Started</th>
<th>Does It Work?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAMPLE:</strong> Advil</td>
<td>Arthritis pain</td>
<td>200 mg</td>
<td>Twice daily</td>
<td></td>
<td>01/29/2001</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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