**Nonprescription medicines**
- Cold or cough medicine
- Aspirin or other pain reliever
- Allergy relief medicine
- Antacids
- Sleeping pills
- Laxatives
- Diet pills
- Other

Medicines I should not take because of bad reactions or allergies

**Vitamins, herbs, and supplements**
- Vitamins (type)
- Glucosamine chondroitin
- St. John’s Wort
- Ginkgo biloba
- Ginseng
- Other

**Medicine Record Form**

This form can help you keep track of your medicines, vitamins, and other dietary supplements. You can make copies of the blank form and use it again. Take this with you each time you go to the doctor or pharmacist.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home phone</th>
<th>Work phone</th>
<th>Cell phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Blood type________________________________

Medical conditions________________________
__________________________________________________________________________________________________________________________________________________________________________________________________________________

Emergency Contact
Name_____________________________________Home phone number______________________Work phone number_______________________Cell phone number________________________

Prescription Medicines

<table>
<thead>
<tr>
<th>Name</th>
<th>Color</th>
<th>What it is for</th>
<th>Strength of Medicine</th>
<th>Date</th>
<th>How much to take and when</th>
<th>Do not take with</th>
<th>Began taking</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetracycline</td>
<td>White</td>
<td>Respiratory infection</td>
<td>250 mg</td>
<td>2/8/2003</td>
<td>5 p.m., 9 p.m., 1 p.m., 9 a.m.</td>
<td>Morning and evening</td>
<td>4 times a day</td>
<td>1 tablet</td>
</tr>
</tbody>
</table>