VillageHealth
by SCAN Health Plan®

Medication List for:_____ DOB:_____

Medication List

Prepared on:

Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.

Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
Insert generic name and brand name, strength, and dosage form for current/ active medications	*Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate*	*Insert indication or intended medical use*	*Insert prescriber name*

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Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

Allergies:

Side effects I have had:

Other information:

My notes and questions: