American Heart Association.

My Medication List

Name

Instructions:

- Write down all the medications you take. Include over-the-counter medicines, vitamins and herbs. Update your list as your medications change.
- Example: Name of medication = aspirin; Color = white; What it is for = blood thinner; Dose and number = 81 mg.-1 pill; Time = night; Special instructions = none
- If you are allergic to a medication, or if you have had problems taking one, write it at the bottom of the page.

LIST OF MEDICATIONS					
Name of Medication	Color	What it's for	Dose and number of pills to take	Time	Special instructions (such as "take with food")