



# MY MEDICATION RECORD

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Patient Name \_\_\_\_\_ Primary Prescriber \_\_\_\_\_

Pharmacy Name, Address, and Phone \_\_\_\_\_

Adverse Drug Reactions: \_\_\_\_\_ Allergies: \_\_\_\_\_

<b>Medicine</b> Name as listed on the medicine bottle)	<b>Other Name</b> Many medicines have a brand and generic name. Put the name NOT listed on the bottle in this column.	<b>Directions for Use</b> How many tablets and when to take	<b>Use</b> Why are you taking this or what is the medicine supposed to do?	<b>Prescriber</b> Name of the person who wrote you the prescription	<b>Other Information</b> Goals of therapy or things to avoid with the medicine.

