

## PERSONAL MEDICATION RECORD

A Personal Medication Record is a comprehensive record of your medications including prescription, non-prescription medications, herbal products and other dietary supplements.

### Why do I need a personal medication record?

- To assist you in keeping track and managing all your medications
- To share with all of your health care providers, so they know about all medication products you are taking
- To keep track of allergies and other problems that you have had with medications in the past to avoid future problems

### When should I start keeping a personal record?

- You should start today, if you don't already have one.
- Information on your personal medication record may improve your care and quality of life, while avoiding potential problems.

### How do I use a personal medication record?

- Use a preprinted form that hall all the required types of information.\*
- Fully complete the form legibly and accurately.
- Keep your record up to date, making changes when changing medication or any other personal information changes.
- Carry your personal medication record with you and actively share it with all your health care providers.
- If you have questions, concerns or need help with your personal medication list, ask your pharmacist or physician to assist you.

\*Complete the form on the opposite side of this brochure, or download full form from [www.pharmacist.com](http://www.pharmacist.com).

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### Louisiana Pharmacists Association

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# October American Pharmacists Month



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Know your  
**MEDICINE**  
Know your  
**PHARMACIST**

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**The Louisiana Pharmacists Association  
is the Voice of the Pharmacy  
Profession in Louisiana!**

# MY MEDICATION RECORD

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

Include all of your medications on this record; prescription medications, nonprescription medications, herbal products, and other dietary supplements. Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Drug		Take for...	When do I take it?				Start Date	Stop Date	Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bed-time				

Emergency Contact Information	Primary Care Physician	Pharmacy/Pharmacist
Name/Relationship:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:

Allergies		Other Medicine Problems	
What allergies do I have? (Medicine, food, other)	What happened when I had the allergy or reaction?	Name of medicine that caused problem.	What was the problem I had with the medicine?

When you are prescribed a new drug, ask your doctor or pharmacist:	
What am I taking?	Are there any side effects?
What is it for?	Are there any special instructions?
When do I take it?	What if I miss a dose?

Patient's Signature	Healthcare Provider's Signature	Date Last Updated:	
		Date last reviewed by Healthcare Provider:	