

PRESCRIPTION MEDICATION LIST

Date Updated: _____ Name: _____

Medication name & strength (Example: Simvastatin 10 mg)	
What I take it for (Example: Cholesterol)	
How much I take & at what time (Example: 1 pill at bedtime)	
How do I take it? (Example: by mouth)	
Special instructions (Examples: take with food; avoid eating grapefruit)	
What it looks like (Example: pink, oval, imprinted with H, 17)	
Start & stop date (Example: June 1, 2017 - present)	
Who prescribed it (Example: Dr. Smith)	
Where I get it filled (Example: Safeway 2nd St)	

For additional copies, visit www.wapc.org. In case of a medication question or error, call the Washington Poison Center at **1-800-222-1222**. In case of emergency, always call **911**.



OVER-THE-COUNTER MEDICATION & SUPPLEMENT LIST

Date Updated: _____

Name: _____

Medication/Supplement name & strength (Example: Zantac 150mg)	
What I take it for (Example: prevent heartburn)	
How often do I take this medicine/supplement (Examples: once a day, when I have symptoms, etc.)	
How much I take & at what time (Example: 1 pill 30-60 minutes before I eat dinner)	
How do I take it? (Example: by mouth)	
Special instructions (Example: take with a glass of water; can be taken two times in 24 hours)	
What it looks like (Example: pink, round, imprinted with GG 705)	
<i>As applicable:</i> Who told me to take it (Example: Dr. Smith)	

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