

MEDICATION LIST

- Development Guide -

Use this guide to develop a comprehensive medication list, including prescription medications, over-the-counter medications, supplements, and any other substances/drugs. Templates are included at the end of the development guide.

- Take the completed medication list to all healthcare providers and pharmacy visits. Ask your provider and/or pharmacist to review the list for accuracy and any potential drug interactions.
- Keep a copy of the list in your home for emergency situations.
- Ensure the medication list is updated as soon as possible after any medication plan changes.

After completing the comprehensive medication list, fill out the “wallet medication list.” This shortened medication list can be kept in your wallet or purse or placed on the refrigerator for quick reference to emergency medical information and the basics of your medication plan.



Prescription Medications

1. What prescription medications are you currently taking?
2. Do you use any prescription creams, ointments, or drops?
3. For each prescription medication, cream, ointment, or drops:
 - What is the name of this medication?
 - What is the strength of the medication?
 - Why do you take this medication? [for what condition or symptom?]
 - How much of this medication do you take? [number of pills, liquid amount, etc.]
 - When do you take this medication?
 - How do you take this medication? [orally, injection, sublingually, etc.]
 - What are other special instructions for taking this medication? [with food, with water, do not take with specific substances/foods, etc.]
 - What does this medication look like?
 - What is the start and stop date for this medication?
 - Who prescribed this medication?
 - Where do you get this prescription filled?



Over-the-Counter Medications

Include both the medications you take regularly and the medications you take when you need them.

1. Do you use any creams or ointments on your skin?

- Why do you use this cream or ointment?
- How often do you use this cream/ointment?
- How much of this cream/ointment do you use??
- What time of day do you use this cream/ointment?
- For regular use: Did your doctor tell you to use this cream/ointment regularly? If so, which doctor?

2. What do you take when you get a headache, have muscle pain, or arthritis pain?

- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

3. What do you take when you get a cold?

- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

4. What do you take for indigestion, heartburn, or constipation?

- How often do you take this medication?
- How much of this medication do you take?

5. Do you take any medications for allergies? If yes:

- What do you take?
- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

6. Are there any other over-the-counter medications that you take? If yes:

- What do you take?
- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?



Vitamins, Herbal Medications, Supplements, & other Substances

1. Do you take any vitamins, herbal medications, supplements, or any other substance/drug?

If yes:

- What do you take?
- Why do you take this vitamin/herbal medication/supplement/other substance?
- How often do you take the vitamin/herbal medication/supplement/other substance?
- How much of the vitamin/herbal medication/supplement/other substance do you take?
- For regular use: Did your doctor tell you to take this vitamin/herbal medication/supplement/substance regularly? If so, which doctor?



Updating the Medication List

After each provider appointment:

1. Did your doctor start you on any new medicines?
2. Did your doctor stop any medications you were taking?
3. Did your doctor make any other changes to your medications?

If yes to any of the above questions, go through all sub-questions under Prescription Medications Question 3.