



Name: \_\_\_\_\_

Date: \_\_\_\_\_

# My Medication List

Bring a list of all medications that you are currently taking to your doctor's appointment. This includes prescriptions, over-the-counter medications, vitamins, herbs, and nutritional supplements.

	Name	Dose	Frequency	Why I'm taking this medication
<b>Prescriptions</b>				
•				
•				
•				
•				
•				
•				
<b>Vitamins</b>				
•				
•				
•				
•				
•				
<b>Herbs</b>				
•				
•				
•				
•				
<b>Nutritional supplements</b>				
•				
•				
•				
•				