



PERSONAL MEDICATION LIST

www.mvphealthcare.com

A

NAME _____

DATE OF BIRTH _____

PRIMARY CARE PHYSICIAN _____

PCP PHONE NUMBERS _____

PHARMACY NAME _____

PHARMACY PHONE NUMBER _____

MVP ID# _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____

Allergies to Medications	
MEDICATION NAME	WHAT HAPPENED? (Rash, upset stomach, trouble breathing, etc.)

Prescription Medications			
MEDICATION NAME	DOSE (strength)	HOW OFTEN (ex: once daily)	WHO PRESCRIBED IT?

Over the Counter Medications Including Vitamins		
MEDICATION/VITAMIN	DOSE (strength)	HOW OFTEN (ex: once daily)

Other (alcohol, tobacco, herbs, supplements)		
PRODUCT NAME	DOSE (strength)	HOW OFTEN (ex: once daily)

Copy all of your medications on the form below. Keep this with you at all times in case of an emergency. Cut at dotted lines and fold at vertical lines.

PERSONAL MEDICATION LIST B

REASON FOR TAKING THIS MEDICATION	DOSE & HOW OFTEN	MEDICATION NAME

Additional spaces on reverse side

10 tips for taking medication safely

Medication mistakes happen every day at the doctor's office, hospital and even at home.

Some mistakes are more serious than others, but all medication mistakes can be prevented.

Here are 10 basic steps that will help prevent a medication mistake from happening to you or your loved ones.

1. Share with your doctor a list of your current medicines, vitamins, herbs and supplements. Use the MVP Personal Medication List on the back side of this page and the wallet-size version at left to help you.
2. When your doctor prescribes a new medication for you, ask what it is for, what to expect from the medication and how soon the medication will work. Ask how to take it. Can you crush it or cut it? Are you supposed to swallow or chew it? Ask what side effects you might experience.
3. Whenever you get a new medicine, remind your doctor about allergies you have, or negative reactions you have had to other medicines.
4. Take your medicine as it was prescribed, not more or less. Ask what to do if you miss a dose. Don't stop taking a medication without checking with your doctor first.
5. If you are taking a lot of medicines, ask your doctor if it is safe to take those medicines together. Ask about vitamins, herbs and other supplements, too.
6. If you smoke cigarettes or drink alcohol, include the amount of alcohol you usually drink and the number of cigarettes you normally smoke on your Personal Medication List. This is important information because alcohol and nicotine affect certain medications.
7. Try to use one pharmacy for all of your prescriptions so that the pharmacist will know all of the medications you are taking.
8. When you pick up a medication that is refilled, before you leave the pharmacy, look at it to see if it looks the same as the medication you have been taking. If not, bring it to the attention of the pharmacist.
9. Whenever you are in doubt about a medicine, ask your doctor or pharmacist about it.
10. If you are hospitalized, take your Personal Medication List with you to the hospital. Make sure the list is up to date.

Copy all of your medications on the form below. Cut at dotted lines and fold at vertical lines. Keep this with you at all times in case of an emergency.

NAME: _____ DOSE & HOW OFTEN _____ REASON FOR TAKING THIS MEDICATION _____ **PERSONAL MEDICATION LIST B**

MEDICATION NAME _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Additional spaces on reverse side