

My Medications and Supplements

Tell all members of your healthcare team (doctors, complementary medicine practitioners, and others) about all the medications you are taking, including prescription medications, over the counter medications, herbs, supplements, and vitamins.

Prescription Medicines

Name of Medicine:	Dose & time(s) taken (ex. 400mg daily at 2PM):	Prescribed by:	Reason for medicine:	Side effects and notes:

Over the Counter (OTC) Medicines

Name of OTC medicine:	Dose & time(s) taken (ex. 200 mg as needed):	Recommended by:	Reason for OTC medicine:	Side effects and notes:

Herbs, Vitamins, and Dietary Supplements

Name of herb, vitamin or supplement:	Dose & time(s) taken (ex. 500 IU in the morning):	Recommended by:	Reason for supplement:	Side effects and notes: