List all of your current prescription and over the counter medications, vitamins, herbs, dietary supplements and homeopathic remedies, include the amount of alcohol you consume on a daily or weekly basis, and any recreational drugs you take. It's important to include all of this information in case of emergencies.

Include the dose or amount of medication that you usually take and how often or what time of day you take it, even if you take it only occasionally.

Carry this list with you and share it with your pharmacist, doctor or other health care provider.

11/2008

Other medications: over the counter, herbs, dietary supplements, alcohol/drugs

Date	Medication	Dose	Freq

Emergency Contact: (name & phone number)

_____

My Medication List

K-STATE
Kansas State University

Lafene Health Center

www.k-state.edu/lafene

For appointments, call (785) 532-6544

Lafene Health Center is accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)

Name_____Allergies_____

Date	Prescription Medication	Dose	Freq.	Date	Prescription Medication	Dose	Freq.