MedCare
List of Current Medications

Patient Name: _____
Date of Birth (Month/Day/Year): _____
Preferred Pharmacy: _____ (location: _____)

LIST OF CURRENT MEDICINES: List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medication (Brand & Generic Name)	Dose	How and how often do you take medication?	Reason for taking medication?	Date Started	Date Stopped	Prescribing Physician