

Medication Record

If you have any questions about your medications, ask your health care provider.

Your personal medication record is a list of all the medicines that you are currently taking. This includes:

- Prescription medicine ordered by your doctor.
- Over-the-counter medicine that you take as needed without a prescription.
- Herbal supplements
- Dietary supplements
- Vitamins and minerals

This record is an important tool for helping you keep track of your medicine. It will also help your healthcare team know what you are taking as they plan your care. They can safely plan your care by making sure:

- You are not taking 2 forms of the same medicine.
- Your medicines are safe to take with each other.
- Any new medicine ordered is the right one for you.

Personal Medication Record Form

Complete the personal information about yourself at the top of the form. Include any allergies or reactions you have to food or medications.

Medication Name

Write down the name of each medicine you take. If it was ordered by a doctor, list it under “Prescription Medication.” List all other medicine such as over-the-counter medicine, dietary supplements, herbals, vitamins and minerals under “Non-Prescription Medicine.”

Reason I Take This Medicine

Write down why you take this medication (such as the condition, symptom, or treatment).

Strength

The strength of the medicine appears on the medicine label as an amount (such as mg, units, drops, mL).

How Much, How and When I Take It

This may also appear on the medicine label (example: Take 1 tablet by mouth before breakfast).

Write down:

- How much of the medication you take (such as 1 tablet, 2 drops).
- How you take it (such as by mouth, eye drops).
- What time of day or how many times a day you take the medicine (such as once a day, at bedtime).

Started/Stopped

Write down the date you started to take this medicine. It will also be important for your healthcare team to know if and when you stopped taking this medicine. Before a hospital admission, test, procedure or surgery, you will be asked to tell your healthcare team which medications were not taken, as well as the time of the last dose.

Remember to:

- Keep this record in a safe place at home.
- Carry a copy with you at all times.
- Bring this record with you to all healthcare visits.
- Update this record whenever there is a change in the medicine that you take.
- Mark the date you complete or update the record in the lower left corner.

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital’s Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363, the Northwestern Lake Forest Patient Relations manager at 847.535.8282 and/or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

Developed by: NMH Patient Safety Department

Personal Medication Record

Name _____

Date of Birth: ___/___/_____

Primary Physician/Phone Number _____

Primary Pharmacy/Phone Number _____

Allergies and Reactions to Food and Medicines _____

Prescription Medication				
Medication name	Reason I take this medicine	Strength	How Much, How and When I Take it	Started/ Stopped
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Non-Prescription Medicine (Over-the-Counter Medicine, Dietary Supplements, Herbals, Vitamins and Minerals)				
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Date Completed or Updated: ___/___/_____