



## Family Caregiver's MEDICATION LIST Form

Keep this list updated and bring it to all doctor visits.

### MEDICATION LIST

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of this list:** \_\_\_\_\_

**ALLERGIES: Medication allergies:** \_\_\_\_\_

\_\_\_\_\_

**Food allergies:** \_\_\_\_\_

\_\_\_\_\_

**Other allergies:** \_\_\_\_\_

### CURRENT PRESCRIPTION MEDICATIONS:

**1. Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Route:**  By mouth  Patch  Injection  Inhaler  Eye/Ear drops  Other:

\_\_\_\_\_

**What it is for:** \_\_\_\_\_

**Prescribing doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Date started:** \_\_\_\_\_

**Special instructions:**

\_\_\_\_\_

\_\_\_\_\_

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**2. Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Route:**  By mouth  Patch  Injection  Inhaler  Eye/Ear drops  Other:

\_\_\_\_\_

**What it is for:** \_\_\_\_\_

**Prescribing doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Date started:** \_\_\_\_\_

**Special instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**3. Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Route:**  By mouth  Patch  Injection  Inhaler  Eye/Ear drops  Other:

\_\_\_\_\_

**What it is for:** \_\_\_\_\_

**Prescribing doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Date started:** \_\_\_\_\_

**Special instructions:**

\_\_\_\_\_  
\_\_\_\_\_



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**4. Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Route:**  By mouth  Patch  Injection  Inhaler  Eye/Ear drops  Other:

\_\_\_\_\_

**What it is for:** \_\_\_\_\_

**Prescribing doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Date started:** \_\_\_\_\_

**Special instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**5. Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Route:**  By mouth  Patch  Injection  Inhaler  Eye/Ear drops  Other:

\_\_\_\_\_

**What it is for:** \_\_\_\_\_

**Prescribing doctor:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Date started:** \_\_\_\_\_

**Special instructions:**

\_\_\_\_\_  
\_\_\_\_\_

