

Absolute Total Care (Medicare-Medicaid Plan)
1441 Main Street, Suite 900
Columbia, SC 29201

PERSONAL MEDICATION LIST FOR**DOB:**

This medication list may help you keep track of your medications and remind you how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up to date with:

- ☐ prescription medications
- ☐ over-the-counter drugs
- ☐ herbals
- ☐ vitamins
- ☐ minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:**Allergies or side effects:****Medication:****How I use it:****Why I use it:****Prescriber:****Notes:****Date I started using it:****Date I stopped using it:****Why I stopped using it:****Medication:****How I use it:****Why I use it:****Prescriber:****Notes:****Date I started using it:****Date I stopped using it:****Why I stopped using it:**

PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

