



Medication List

This checklist can help the person you care for get the care they need. Record all the medications they take, including prescription drugs, inhalers, eye drops, ear drops, supplements, herbs, vitamins and over-the-counter medications. Bring the list to their next appointment to review with their provider.

Pharmacy: _____ Phone #: _____

Medication name	Dosage and Frequency	Reason for medication
Medical Device	Where to refill	Reason for use

When reviewing your medications with your doctor, make sure to ask if there are lower-cost options available. You should also let your doctor know if you've had trouble getting your medications.

See back for more

Care Team

Fill out this list with the person you care for and bring it their next appointment so their provider knows which specialists and other providers they've seen this year.



Primary care provider: _____ **Phone #:** _____

Pharmacy: _____

Address: _____ **Phone #:** _____

Provider name	Specialty	Phone #
Specialist:		
Specialist:		
Specialist:		
Eye doctor:		
Dentist:		
Home Care Agency:		
Physical Therapist:		
Occupational Therapist:		
Medical Device Provider:		

Notes and other concerns