



Personal Medication Record

Name: _____ Birth Date: _____

Make sure that all of your medications on this record: prescription medications, herbal products, and other dietary supplements. Always carry your medication record with you and show it to all your doctors and health care providers.

Medication		Take For	When do I take it?				Start Date	Stop Date	Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bedtime				

This Personal Medication Record (PMR) is provided for general information and record keeping purposes and does not constitute professional health care advice or treatment. The patient (or other user) should not, under any circumstances, solely rely on, or act on the basis of, the PMR and the information provided herein. If he or she does so, he or she does so at his or her own risk. While intended to serve as a communication aid between patient (or other use) and healthcare provider, the PMR is not a substitute for obtaining professional healthcare advice or treatment.