**Medication List**

 My Name: Emergency Contact:

 My Birth Date: Phone #:

 My Phone #: Email:

 My Email:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| *My Allergies* |  |  |  |  |  | *Name* | *Date* |
|  |  | Reviewed by: |  |  |
|  |  |  |  |  |
| **MEDICATION** brand, generic name, dose | **APPEARANCE** type, shape, color | **HOW MANY ?** | **HOW TAKEN ?** | **STARTED taking on:** | **STOP taking on:** | **REASON FOR TAKING** | **WHO Told Me To Take This ?** | **NOTES** |
| AS NEEDED |   |   |   |   |   |   |   |   |
| equate, Ibuprofin, 200mg | tablet, round, brown, "1-2" | 1 tablet | by mouth, with water |   |   | NSAID, pain killer, fever reducer |   |   |
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| AFTER WAKING UP |  |  |  |  |  |  |  |  |
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| AFTERNOON |  |  |  |  |  |  |  |  |
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| BEFORE BED |  |  |  |  |  |  |  |  |
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| *This worksheet and information should not replace the advice of a qualified healthcare worker.* |  |  |  |  |