Personal Medication Tracker

My Personal Information

| Name | | Fill out your personal information on page one | | |
|----------------------------|----------------|---|--|--|
| Date of Birth Phone Number | | and update it if anything changes. | | |
| Emergency Contact | | On page two, include all prescription drugs, over-the-counter drugs, vitamins, herbs, dietary supplements and homeopathic remedies. | | |
| Name | | If you need more room, make copies of page two. | | |
| Relationship | Phone Number | | | |
| Primary Care Doctor | | anything else changes. | | |
| Name Phone Number | | If you're not sure what to write, ask your doctor or pharmacist. | | |
| Pharmacy/Drugstore | | Share your information with your doctors and pharmacists at all visits. | | |
| Pharmacist | | Keep a copy with you always. | | |
| Phone Number | | Record when you last updated the tracker. | | |
| | | Last Updated: / | | |
| Other Members of Your He | alth Care Team | My Allergies | | |
| Name | | | | |
| Role/Specialty | Phone Number | | | |
| Name | | | | |
| Role/Specialty | Phone Number | My Medical Conditions | | |
| Name | | | | |
| | | | | |

Role/Specialty _

Own Your Health is a campaign presented by the Washington Health Alliance to empower consumers to become active participants in their own health and health care.

Phone Number

1



How to use this tool

My Medications



| Medication | Form and Color (ex: red capsule) | How much do I take? (ex: 1 pill, 50mg) | When and how do I take it? (ex: twice a day, with food) | Why do I take it? | Date I first took it | Notes |
|------------|-------------------------------------|--|--|----------------------|-------------------------|-------|
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