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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