TEXAS A&M AGRILIFE EXTENSION

Name & Phone Number: _____ Date Updated: _____

Food & Drug Allergies: _____

My **PRESCRIPTION** medications are

Name of Drug	What It's for	Strength/ Dose	Color/ Shape	How Often You Take It & When	Doctor Who Prescribed It	Date Started	Special Instructions
SAMPLE: *Lipitor*	*Cholesterol*	*10 mg*	*White, Oval*	*1 each day*	*Dr. Jones*	*5/24/2007*	*No grapefruit*

AgriLIFE EXTENSION
Texas A&M System

Personal Medication Chart/Record

Name & Phone Number: _____ Date Updated: _____

Food & Drug Allergies: _____

My **Over-the-Counter** medications, **Vitamins**, and **Herbal Supplements** are

Name	Why You Take It	Strength/ Dose	How Often You Take It & When	Doctor Who Recommended It, If Any	Date Started	Does It Work?
SAMPLE: *Advil*	*Arthritis pain*	*200 mg*	*Twice daily*		*01/29/2001*	*Yes*