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Current Medication List

Updated on: _____

Rewrite & re-date after every change; never cross out.

Name: _____ **Date of birth:** _____

Allergies (with reaction): _____

Taking a blood thinner? Circle it on the list below and tell every provider first; it's one of the most important and most commonly missed details in an emergency.

PRESCRIPTION MEDICATIONS

MEDICATION (BRAND / GENERIC)	STRENGTH	DOSE	WHEN & HOW	WHAT IT'S FOR	PRESCRIBER	STARTED

OVER-THE-COUNTER MEDICINES, VITAMINS & SUPPLEMENTS

NAME	HOW MUCH	HOW OFTEN	WHY

Nurse's tip: bring this list to every appointment, keep a copy behind the emergency sheet on the refrigerator, and photograph it on your phone. After any hospital stay, rewrite it to match the discharge paperwork, and ask about anything that doesn't match.

Part of the free SafeHands Caregiver Binder Kit; the full kit with the emergency sheet and 8 more pages is at **safehandsapp.com/caregiver-binder-guide** | This form helps you organize and share health information. It does not provide medical advice, diagnosis, or treatment recommendations; never start, stop, or change a medication based on this form. Always consult a qualified healthcare professional. © SafeHands · created by Samuel Baker, RN