CENTRAL HEALTH

MEDICINES LIST

Name: _____

Allergies: _____

Preferred Pharmacy: _____

Emergency Contact: _____

My medicines, vitamins, herbals, and supplements, as of (date) _____

Include all prescription and non-prescription medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these regularly						
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take			
			 Morning/Breakfast	 Afternoon/Lunch	 Evening/Dinner	 Night/Bedtime

CENTRAL HEALTH

Name: _____ Allergies: _____ Preferred Pharmacy: _____ Emergency Contact: _____

I take these regularly, but not every day						
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take			
			Morning/Breakfast	Afternoon/Lunch	Evening/Dinner	Night/Bedtime

Updated 04/03/2024