

Medication Record

Rajani Medical Group, LLC

My Personal Information

Name _____

Date of Birth _____

Phone Number _____

Emergency Contact

Name _____

Relationship _____

Phone Number _____

Primary Care Physician

Name _____

Phone Number _____

Pharmacy/Drugstore

Pharmacist _____

Phone Number _____

Other Physicians

Name of Physician _____

Specialty _____

Phone Number _____

Name of Physician _____

Specialty _____

Phone Number _____

Name of Physician _____

Specialty _____

Phone Number _____

How to Use This Guide

You should review this record when

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor

Last Updated:

My Allergies

My Medical Conditions

What I'm taking	Form (pill, injection, liquid, patch, etc.)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Dates (1/5/05 - 3/5/05) (1/5/05 - ongoing)	Notes, Directions, Reasons for Use
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* Be sure to include ALL prescription drugs over-the-counter drugs, vitamins, and herbal supplements.

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