



Family Caregivers Matter!

Medication List
EndBrainCancer.org

| | | | | |
|--------------------------|---------------|--|--------------------|--|
| Medication Record | As of: | | Birth Date: | |
| Patient Name: | | | | |
| Emergency Contact 1: | | | Phone: | |
| Emergency Contact 2: | | | Phone: | |

| <u>Medications</u> | | | | | | |
|---|----------|----------|----------|----------|----------|----------|
| Name of Drug | 1 | 2 | 3 | 4 | 5 | 6 |
| Generic | | | | | | |
| Brand | | | | | | |
| OTC | | | | | | |
| How medication is administered (pill, capsule, injection, patch, ointment) | | | | | | |
| Dosage | | | | | | |
| What medication looks like | | | | | | |
| What the drug is treating | | | | | | |
| Side effects I've experienced | | | | | | |
| How and when to take medication | | | | | | |
| What not to do when taking medication | | | | | | |
| Name of prescriber | | | | | | |
| Name of pharmacy that filled prescription | | | | | | |
| Date Started | | | | | | |
| Date Stopped | | | | | | |

| <u>Immunizations</u> | |
|-----------------------------|--------------------------|
| <i>Type</i> | <i>Date of Last Dose</i> |
| Tetanus | |
| Pneumonia | |
| Flu | |
| Hepatitis | |
| Other | |

| <u>Reactions</u> | | |
|--|------|----------|
| <i>Drug allergies and other significant reactions.</i> | | |
| | Drug | Reaction |
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| <i>Recent medications that caused problems or didn't work.</i> | | |
| | Drug | Problem |
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |

| <u>Medical Team</u> | | |
|----------------------------|--------|--|
| PCP | Name: | |
| | Phone: | |
| Specialist 1 | Name: | |
| | Phone: | |
| Specialist 2 | Name: | |
| | Phone: | |
| Pharmacy | Name: | |
| | Phone: | |