

PERSONAL MEDICATION LIST FOR: *<Insert Member's name, DOB: mm/dd/yyyy>*

This medication list was made for you after we talked. We also used information from *<insert sources of information>*.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

- Keep this list up-to-date with:
- prescription medications
 - over the counter drugs
 - herbals
 - vitamins
 - minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: *<Insert date>*

Allergies or side effects: *<Insert beneficiary's allergies and adverse drug reactions including the medications and their effects>*

Medication: *<Insert generic name and brand name, strength, and dosage form for current/active medications.>*

How I use it: *<Insert regimen, including strength, dose and frequency (e.g. 1 tablet (20mg) by mouth daily), use of related devices and supplemental instructions as appropriate>*

Why I use it: <i><Insert indication or intended medical use></i>	Prescriber: <i><Insert prescriber's name></i>
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<Insert other title(s) or delete this field>: *<Use for options product-related instructions, such as additional instructions, product image/identifiers, goals of therapy, pharmacy, etc., and change field title accordingly. This field may be expanded or divided. Delete this field if not used.>*

Date I started using it: <i><May be estimated by Plan or entered based upon beneficiary-reported data, or leave blank for beneficiary to enter start date></i>	Date I stopped using it: <i><Leave blank for beneficiary to enter stop date></i>
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Why I stopped using it: <Leave blank for beneficiary's notes>

PERSONAL MEDICATION LIST FOR: <Insert Member's name, DOB: mm/dd/yyyy>
(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	

Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
PERSONAL MEDICATION LIST FOR: <Insert Member's name, DOB: mm/dd/yyyy>	

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
<Insert other title(s) or delete this field>:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call PerformRx at 1-888-349-0501 or 1-888-765-6351 (TDD/TTY) between 8:30 a.m. and 5 p.m. (EST), Monday through Friday.

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