



1 Cameron Hill Circle  
 Chattanooga, Tennessee 37402  
 bluecareplus.bcbst.com

<b>PERSONAL MEDICATION LIST FOR:</b>	<b>DOB:</b>
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This medication list can help you keep track of your medications and how you take them.

- 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.

<p>Keep this list up-to-date with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> prescription medications</li> <li><input type="checkbox"/> over the counter drugs</li> <li><input type="checkbox"/> herbals</li> <li><input type="checkbox"/> vitamins</li> <li><input type="checkbox"/> minerals</li> </ul>
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

<b>Allergies or side effects:</b>
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<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR:**

**DOB:**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR:**

**DOB:**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR:**

**DOB:**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
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**PERSONAL MEDICATION LIST FOR:**

**DOB:**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
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<b>How I use it:</b>	
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**PERSONAL MEDICATION LIST FOR:**

**DOB:**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Notes:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Other Information:</b>
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If you have any questions about your medication list, call your physician, pharmacist, or medication therapy management provider.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان. اتصل برقم 1-800-831-2583 (رقم هاتف الصم والبكم: 711).