



# Medication Record Book

Knowledge is  
the *best* medicine

## When it comes to your health, Knowledge is the *best* medicine.

Use this booklet to record your medications, medical conditions, allergies and other health information. Keep it up to date (your doctor, pharmacist or nurse can help you) and bring it with you to medical appointments or when you go to a clinic or the hospital.

## Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. (Home): \_\_\_\_\_

Tel. (Office): \_\_\_\_\_

Tel. (Cell): \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Group Insurance

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_

Contract/Policy No: \_\_\_\_\_

## Personal Information (cont.)

### Family Physician

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_

### Other Physicians

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Tel.: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Tel.: \_\_\_\_\_

### Pharmacy

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_

### Dentist

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_

## Allergies

Allergic to	Reaction

## I am being treated for

Diabetes

High Blood Pressure

Heart Disease

High Cholesterol

Asthma / Breathing Problems

Arthritis

Cancer

Other:

## Hospitalizations and Surgical History

Date	Physician	Hospital	Reason

## Family History

Illness	Relative Affected	Comments
Diabetes		
High Blood Pressure		
Heart Disease / Heart Attacks		
High Cholesterol		
Cancer		
Other		

## Medical Devices

### I have/require:

Contact lenses

Eyeglasses

Hearing aid

Pacemaker

Removable dentures

Other:

# Medication Record

List *all* prescription and non-prescription medications, vitamins and supplements that you take or use on a regular basis.

Medication Name	Dosage and Instructions	Reason	Prescribed by	Date	
				Start	Stop
(Example) Name of medicine	30 mg, 1 capsule twice a day, taken with food for 10 days	Pneumonia	Name of Physician	Feb 1 08	

8 Cross out each medicine when finished or discontinued.

## Medication Record (cont.)

Medication Name	Dosage and Instructions		Reason	Prescribed by	Date	
					Start	Stop

10 Cross out each medicine when finished or discontinued.







# Immunization Record

	Vaccine and Lot #		Date Given M/D/Y	Given by	Date Next Dose Due
MMR (measles, mumps, rubella)					
Varicella (chicken pox)					
TD (tetanus, diphtheria)					
Tdap (tetanus, diphtheria with pertussis)					
Pneumococcal					
Meningococcal					
Hepatitis B					
Hepatitis A					
HPV (human papilloma virus)					
Influenza					
Other					



## Personal Notes

(Including things I should talk to my doctor or pharmacist about)

# Knowledge is the *best* medicine

## Ask the *questions*, get the *answers*

- What is the name of the medicine?
- Why am I taking it and what does it do?
- How do I take it?

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