SWH Legacy Consultants LLC

Personal Medication List

Your Partner in Healthcare Organization & Advocacy

Patient Information

Name: _____

Date of Birth: _____

Today's Date: _____

Primary Care Provider: _____

Preferred Pharmacy: _____

Pharmacy Phone: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Current Medications

Medication Name	Strength/Dose	How Often	Why You Take It	Prescribing Provider	Start Date	Notes

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Over-the-Counter (OTC) Medications

Medication	Dose	Frequency	Reason

Vitamins & Supplements

Name	Dose	Frequency	Reason

Medication Allergies

Medication	Reaction	Severity

Other Allergies

☐ Food

☐ Latex

☐ Contrast Dye

☐ Environmental

☐ Other: _____

Reaction:

Medication Reminders

☐ Morning

☐ Afternoon

☐ Evening

☐ Bedtime

Additional Instructions:

Recent Medication Changes

Date	Medication	Change Made	Ordered By

Preferred Pharmacy Information

Pharmacy Name: _____

Address: _____

Phone: _____

Fax (if known): _____

Notes

Review Checklist

☐ Reviewed with healthcare provider

☐ Medication list updated

☐ New prescriptions added

☐ Discontinued medications removed

☐ Allergies verified

☐ Shared with caregiver (if applicable)

SWH Legacy Consultants LLC

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Services

- Appointment Coordination & Preparation
- Medical Binder Services
- Medical Record Management
- Care Coordination

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