CROSS OUT, on this list, any medicines you are no longer taking and DISPOSE of those medicines.

Medicine Name (Example) Tetracycline	**Strength** (Ex) 250 mg	**How Often** (Ex) 4 X daily	**Comments or Date Started**

Rainy Lake MEDICAL CENTER
In association with SMDC Health System

Date: _____

Medicine Record Form

This form can help you keep track of your medicines, vitamins, and other dietary supplements. You can make copies of the blank form and use it again. Take this with you each time you go to the doctor, pharmacy, drug store or hospital.

Name _____

Home phone _____ Work phone _____

Emergency Contact

Name _____

Home phone _____ Work phone _____

Medical Conditions

_____

_____

_____

Pharmacies / Drug Stores

☐ City Drug.....283-3061
☐ Duluth Clinic 285-6222
☐ Kmart 283-3246
☐ Littlefork 218-278-6634
☐ Other _____

List any medicines you should not take because of bad reactions or allergies

_____

_____

_____

Over the Counter NonPrescription Medicines

Please List Names

☐ Cold/cough medicine _____

☐ Aspirin or other pain reliever _____

☐ Allergy medicine _____

☐ Antacids _____

☐ Sleeping pills _____

☐ Laxatives _____

☐ Diet pills _____

☐ Other _____

List all Vitamins, Herbals, and Supplements:

_____

_____

CROSS OUT, on this list, any medicines you are no longer taking and DISPOSE of those medicines.

Medicine Name (Example) Tetracycline	**Strength** (Ex) 250 mg	**How Often** (Ex) 4 X daily	**Comments or Date Started**

CROSS OUT, on this list, any medicines you are no longer taking and DISPOSE of those medicines.

Medicine Name (Example) Tetracycline	**Strength** (Ex) 250 mg	**How Often** (Ex) 4 X daily	**Comments or Date Started**