My Medication & Supplement List™

Keep an up-to-date list to bring to lab visits and healthcare appointments.

Name: _____ Date Updated: _____

Healthcare Provider: _____ Preferred Pharmacy: _____

Medications

Name	Dose	How Often	Reason
1.			
2.			
3.			
4.			
5.			

Vitamins, Herbs & Supplements

Name	Dose	How Often	Reason
1.			
2.			
3.			
4.			
5.			

Recent Changes

Note anything you recently started, stopped or changed.

_____

_____

_____

Remember to Include

- ☐ Prescription medications
- ☐ Over-the-counter products
- ☐ Vitamins and minerals
- ☐ Herbs, powders and specialty formulas

Gentle Reminder

Update this list whenever something changes. Do not stop a medication or supplement without guidance from the appropriate healthcare professional.

Martine's Midlife Wellness Tip

Keep a photo of your completed list on your phone so it is easy to find when you need it.