- List all prescription and over-the- counter medications, vitamins, and herbal supplements that you take on a regular basis.
- List the dosage of the medication, including how much and how often.

Medication	Dosage—how much and how often

- Keep this list with you and show to your health care provider at each visit.
- Cross off any medication you no longer take.
- Never take a medication not prescribed to you.

Medication	Dosage—how much and how often

List Your Medical Conditions or Known Allergies

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Last Updated: _____

***Your* Name:**

_____

Date of Birth: _____

***Emergency Contact* Name:**

_____

Phone:_____

***Pharmacy* Name:**

_____

Phone:_____

***Primary Care Provider* Name:**

_____

Phone: _____

You can drop off any unused or expired medication that you no longer want at area ***Drug Drop Boxes***. For a list of locations in Mahoning County, visit **www.mahoninghealth.org.**

Most locations are open 24 hours a day / 7 days a week, and accept dry pills and medication patches. No needles, syringes, inhalers, or liquids are accepted.

Personal Medication List

Public Health
Prevent. Promote. Protect.
Mahoning County
District Board of Health