

## My Medicine List

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Your safety is important to us. It is best to bring all your medicines with you to each doctor's appointment. Use this chart to write down all the medicines you take, including medicines ordered by any of your doctors, vitamins, herbs and over-the-counter medicines. It may be helpful to have a copy of this chart where others can find it.

Medicine Name(s)	Dose/ Strength	What does it look like? (color, shape)	How often do you take it?	Why do you take it?

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**This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.**



## Important Contacts

Use the table below to write down the name and phone number of your important health care contacts.

Contact	Name	Phone Number
Emergency Contact		
Primary Doctor		
Cancer Doctor		
Pharmacy		
Home Care Agency		

## Your Health Information

Use the table below to write down any allergies you have, including allergies to medicine, food, and other products or materials.

Allergy	Allergic Reaction

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Use the table below to write down the date of your most recent vaccine. Talk to your doctor if you do not know when you had your last vaccine or to find out if you need one.

Vaccine	Date Received
Tetanus	
Pneumonia	
Seasonal Flu	
Other	

Use the space below to write down other important information about your health care and health history, including blood transfusions, transplants and cancer treatment.

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### When to Call Your Doctor

Call your doctor if you have any of the following:

- Chills or a temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Severe pain, especially in your chest, head, back or leg(s)
- Pain that is new, changed or not relieved by your pain medicine
- Trouble breathing
- A wound that is red, swollen or warm to the touch
- Nausea and vomiting
- Diarrhea

**For more information on How to Be Safe with Medicine, we encourage you to visit our video library at <http://cancer.osu.edu/patientedvideos>.**