MMM
caminamosjuntos

PERSONAL MEDICATION LIST

FOR: _____ **PREPARED ON:** _____

This medication list may help you keep track of your medications and how to use them the right way.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- ☐ prescription medications
- ☐ over the counter drugs
- ☐ herbals
- ☐ vitamins
- ☐ minerals

If you go to the hospital or emergency room, take this list with you. Share it with your family or caregivers, too.

EXAMPLE OF HOW TO COMPLETE THE INFORMATION:

Medication: *< Insert generic name and brand name, strength, and dosage form for current/active medications. >*	
How I use it: *< Insert regimen, including strength, dose and frequency (e.g., 1 tablet (20 mg) by mouth daily), use of related devices and supplemental instructions as appropriate >*	
Why I use it: *< Insert indication or intended medical use >*	**Prescriber:** *< Insert prescriber's name >*
Date I started using it: *<Enter start date >*	**Date I stopped using it:** *<Enter stop date >*
Why I stopped using it: *< Beneficiary's notes >*	

PO BOX 71114 SAN JUAN, P.R. 00936-8014

caminamosjuntos

PERSONAL MEDICATION LIST

FOR: ______________________________ PREPARED ON: ______________

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

PO BOX 71114 SAN JUAN, P.R. 00936-8014

MMM
caminamosjuntos

PERSONAL MEDICATION LIST

FOR: ______________________________ **PREPARED ON:** ______________

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

PO BOX 71114 SAN JUAN, P.R. 00936-8014

MMM
caminamosjuntos

PERSONAL MEDICATION LIST

FOR: _____ **PREPARED ON: _____**

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication allergies or side effects:

Other information:

For questions about your medication list, call us Monday to Friday, from 8:00 a.m. to 5:00 p.m. at:

787-523-2397 (Metro Area)
1-844-660-1660 (toll free)
1-866-333-5469 TTY (hearing impaired)

MMM Healthcare, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MMM Healthcare, LLC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Y0049_2022 5040 0004 1 _C

PO BOX 71114 SAN JUAN, P.R. 00936-8014