My Personal Medication List

LEE MEMORIAL HEALTH SYSTEM LEE PHARMACY

Name_____ DOB _____

Address _____

City/State/Zip _____

Primary Physician _____ Phone _____

Emergency Contact _____ Phone _____

Pharmacy _____ Phone _____

Allergies _____

Existing Medical Conditions_____

_____

Cape Coral Hospital 239-424-2456
Gulf Coast Medical Center..... 239-343-1600
HealthPark Medical Center 239-343-5100
Golisano Children's Hospital of Southwest Florida
Lee Memorial Hospital..... 239-343-2800
Rehabilitation Hospital
www.LeeMemorial.org

Directions:

1. Keep this form in your wallet. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies.
3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other health providers.
4. Write down all changes made to your medicines.

Current Medications | Including over-the-counter

Name of medication	Dosage	Directions