



## MEDICATIONS & DURABLE MEDICAL EQUIPMENT (DME) & PERSONAL CARE ITEMS

Use this form to record all current medications, over the counter medications, and vitamins; to gather a list of any previous medications; and any durable medical equipment and personal care items necessary for their care.

**Name:** \_\_\_\_\_

**Last Updated:** \_\_\_\_\_

<i>Name of medication</i>	<i>Description of medication</i>	<i>How much/dosage</i>	<i>When to take it:</i>	<i>How to use it: with or without food</i>	<i>Start dates</i>	<i>Stop dates</i>	<i>Why used</i>	<i>Who is currently prescribing it?</i>
Example: XXX	Small round orange pill	20 mg daily-1 pill	Am	With breakfast	1/1/21		digestive	Dr. XXXX

<i>Name of medication</i>	<i>Description of medication</i>	<i>How much/dosage</i>	<i>When to take it:</i>	<i>How to use it: with or without food</i>	<i>Start dates</i>	<i>Stop Dates</i>	<i>Why am I using it</i>	<i>Who is currently prescribing it?</i>

**MY PREVIOUS MEDICATION LOG/RECORD:**

**LAST UPDATED:**

<i>Name of medication</i>	<i>How Much/Dosage</i>	<i>Start Dates</i>	<i>Stop Dates:</i>	<i>Why used</i>	<i>Who Prescribed It?</i>	<i>Noted Side effects/Allergic Reactions</i>
Example: XXX	40 MG	1/19	7/20	Digestive	Dr. XXX	Made me feel sick

**INFORMATION ON MY DURABLE MEDICAL EQUIPMENT:****LAST UPDATED:**

<b>Equipment Order (ex: Wheelchair, stander, etc.)</b>					
<b>Other Personal Care Items: (Ex: g-tube, feeding bags, gloves, wipes, incontinence supplies)</b>					
<b>Date Ordered</b>	<b>Equipment/Item</b>	<b>Vendor/Pharmacy</b>	<b>Contact Phone Number</b>	<b>Vendor Contact Person</b>	<b>Doctor's Office (Who wrote RX for equipment/Item)</b>
3/16/21	Example: Insulin Pen	Wal-Greens Pharmacy	XXX-XXX-XXXX		Dr. XXX