



MEDICATION RECORD *Include all prescription, over-the-counter drugs, vitamins, and herbal supplements. Print extras if needed.*

MEDICATION	DOSE	FORM	FREQUENCY	TIME OF DAY	REASON	PRESCRIBED BY



ALLERGIES / DRUG SENSITIVITIES List any known allergies or drug sensitivities. Print extras before starting if you need more room.

TYPE OF ALLERGY / SENSITIVITY	TYPICAL REACTION	TREATMENT	TREATING PHYSICIAN



WOULD YOU PREFER TO TYPE THESE FORMS?

Bonus!

MEDICAL CONDITIONS List any medical conditions for which you are being treated. Print extras before starting if you need more room.

CONDITION	DATE OF ONSET	TREATMENT	TREATING PHYSICIAN

ALLERGIES / DRUG SENSITIVITIES List any known allergies or drug sensitivities. Print extras before starting if you need more room.

TYPE OF ALLERGY / SENSITIVITY	TYPICAL REACTION	TREATMENT	TREATING PHYSICIAN

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Synthroid	88mg	Pill	Daily	Morning	Low thyroxine	

Life in Motion: A Guide for Gathering Life's Vital Information
lfeinmotionguide.com

Buy the **Personal Health Record Starter Kit** in editable PDF format to:

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- ◆ Allergies / Drug Sensitivities fillable form
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Life in Motion is a guided workbook to help you organize your personal information so it's ready when you or your family need it.