Medication List

Medication List for:

_____

_____

Bring your Medication List when you go to the doctor, hospital, or emergency room. And share it with your family or caregivers.

Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber

Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

Allergies:

Side effects I have had:

Other information:

My notes and questions:

CCA Senior Care Options (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts MassHealth (Medicaid) program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY: 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-610-2273 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free.