My Current Medications

VASCULAR WELLNESS INSTITUTE

Bring this sheet to every appointment, and to the hospital or emergency room. Include everything you take — prescriptions, over-the-counter medicines, vitamins, herbs, and supplements. If you are not sure whether something counts, write it down.

Name	Date of birth	Date completed

Preferred pharmacy	Pharmacy phone	Person to call in an emergency

Allergies and reactions

Medicines, foods, latex, tape, contrast dye. Write what happened — a rash is different from trouble breathing.

What I am allergic to	What happens when I take or touch it

My medicines

One line per medicine. If you take the same medicine at two different times of day, use two lines.

Medicine name	Strength	How much I take	When I take it	What I take it for

Need more room? Print a second copy of this page.

Blood thinners and anti-platelet medicines

This section matters for vascular procedures. Tell us even if you have already listed the medicine above.

Do you take any of the following?	If yes, who prescribed it and when did you last take it?
Warfarin ☐ Apixaban ☐ Rivaroxaban ☐ Clopidogrel ☐ Aspirin ☐ Other _____	

Vitamins, herbs, and supplements

Several common supplements affect bleeding and blood pressure, so please list them even though they are not prescriptions.

Name	How much	How often

Recent changes

Anything you stopped taking recently?	Anything you have trouble taking — cost, side effects, remembering, opening the bottle?

Vascular Wellness Institute

Sarasota — 1215 S East Ave, Suite 307, Sarasota, FL 34239 · (941) 312-6196

Bradenton — 6220 Manatee Ave W, Suite 203, Bradenton, FL 34209 · (941) 795-6370

This sheet is a personal record you keep and update. It is not a prescription and it is not part of your medical record until you give it to us. Adapted from the medication-record formats published by the Agency for Healthcare Research and Quality (My Medicines List) and the U.S. Food and Drug Administration (My Medicine Record).