

# ManyMeds *Starter List*

Because every doctor's appointment starts with the same question.

NAME _____	DATE _____
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● All Medications, Supplements & Over-the-Counter <span style="float: right; font-weight: normal; font-size: small;">15 rows</span>					
#	MEDICATION NAME	DOSE	FREQUENCY / INSTRUCTIONS	PRESCRIBING DOCTOR	PURPOSE / NOTES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**You don't have to get this right on your own.**  
 A hospital pharmacist can build a verified list and check everything for safety.

Book a free call at [manymedshelp.com](https://manymedshelp.com)

This template is for organizational purposes only. Not a substitute for professional medical advice. Consult your healthcare provider for any questions.

NAME	DATE

<span style="color: #8e44ad;">●</span> Medications That Have Been Stopped <span style="float: right; font-size: small;"><i>Prevents a new doctor from prescribing something that didn't work</i></span>		
MEDICATION NAME	DATES TAKEN (APPROX.)	WHY STOPPED

<span style="color: #8e44ad;">●</span> Allergies & Reactions <span style="float: right; font-size: small;"><i>Be specific about what happened</i></span>	
MEDICATION NAME	WHAT HAPPENED (DESCRIBE REACTION)

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