








L.A. Care
HEALTH PLAN

My Medication List

My Doctor's Name: _____ My Name: _____

My Doctor's Phone Number: _____ Today's Date: ____/____/____

When do I take this drug?	Drug Name	Why do I take this drug?	How much should I take?	How to take this drug
Morning 				
Noon 				
Evening 				
Bedtime 				
Only when I need it 				

My Next Doctor's Visit: ____/____/____
If yes, what are your questions? (Please list)

Do you have questions for your doctor? Yes No

LA1079 07/14