



Center for American Indian Resilience: Medication List



Grant No. NIH-1920MD006872

My Name:
My Birth Date:
My Phone #:
My Email:
Allergies:

Emergency Contact:
Phone #:
Email:
Relation:
Primary Doctor:
Reviewed By:

Medication:	Dosage:	Appearance:	How Many:	Route:	Date Began:	Date Ended:	Reason For Use:	Notes:
Morning								
Afternoon								
Evening								
Example: Advil	250 mg	round and blue	1	By Mouth w/ water	12/14/2013	1/25/2014	Pain Relief	2 times a day