

Medication Review Emergency Sheet

Medication list, prescribers, pharmacy, allergies, and review questions

Use this printable to write down emergency information before it is needed.

Keep the current copy with a caregiver binder, refrigerator packet, go-bag, discharge folder, or other trusted handoff location.

Medication list basics

- ☐ Patient name / date of birth / review date
- ☐ Medication name, dose as listed on label, and schedule as written
- ☐ Prescribing clinician for each medication, if known
- ☐ Pharmacy name and phone number
- ☐ Over-the-counter medicines, vitamins, herbals, or supplements to mention

Safety information to organize

- ☐ Allergies and reactions
- ☐ Medication label or pill bottle location
- ☐ Medication list from portal, clinic, discharge paperwork, or pharmacy
- ☐ Who helps manage medicines, if anyone
- ☐ Questions to ask the clinician or pharmacist before changing anything

Handoff notes

- ☐ Recent medication changes and where the official paperwork is kept
- ☐ Specialist, hospital, or pharmacy contacts tied to recent changes
- ☐ Insurance or refill paperwork location, if useful
- ☐ Date the list was reviewed and who reviewed it

Important note

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