

P.O. Box 590146 – Birmingham, AL 35259 – 1.833.473.5465

October 2022

My Medications

Complete this form, make copies, and keep them available to share at the hospital, doctor's appointments, and any other times when you need to share medication lists. Be sure to keep this form updated any time you have a medication change.

NAME: ______ YEAR DIAGNOSED: ______

Important Contact Information				
Care Partner:				
Relationship:	Phone:	Email:		
Primary Care Physician:	Phone:	Email:		
Pharmacy:	Address:	Phone:		

Please note by marking with an "x" if any of the following special considerations should be noted and shared with medical teams:

Do you have a deep brain stimulation device?	YESNO
Do you have Parkinson's disease-related dementia?	YESNO
Do you easily get dizzy or feel faint?	YESNO
Do you have special dietary needs?	YESNO
List any food allergies:	
Do you have a Duopa Pump?	YESNO
Have you had any recent falls?	YESNO
Do you experience trouble swallowing?	YESNO
Have you experienced hallucinations or delusions with PD?	YESNO
Do you ever feel disoriented or confused?	YESNO
Do you have any of the following Non-PD Conditions?	COPDDepressionDiabetes Heart DiseaseHypertension MelanomaOsteoarthritis Other:



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Do you currently have any medication allergies?	YES	NO	
	List:		

Use this chart to list all medications you are taking for PD and other conditions, including over-the counter medications and supplements:

TIMES ADMINISTERED	MEDICATION NAME	DOSAGE	NOTES

Make copies of this page if more medications are needed. You may also build a similar template to keep on your computer for updates to made easier – printing as needed. For a word version of this form, contact Brooklyn White at brooklyn@parkinsonalabama.org