My medication

Medication list[1] for people without legal entitlement to a medication plan from a doctor.

Name: _____ **Date:** _____

Date of birth: _____ **Number of pages:** _____

List all of the medicines that you use:
prescription and over-the-counter medicines, as well as herbal products and dietary supplements; in the form of pills, capsules, inhalers, creams, suppositories, etc.

Active ingredient	Trade name	Dosage	Form	Time taken				Unit	Notes	Reason
				morning	noon	evening	at night			

Modified in accordance with: 1. National Association of Statutory Health Insurance Physicians, German Medical Association, German Pharmacists' Association: Agreement on a nationally standardized medication schedule - BMP, annex 3: Specifications for a federally standardized medication schedule according to section 31a of the Social Code Book V (As of: April 30, 2017)

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)
www.informedhealth.org/using-medication.html