

The Survivor's Edit

Medication and Supplement List

Keep this list current and bring it to medical appointments, procedures, and emergency visits. Include prescription medications, injections, creams, patches, and as-needed medications.

Name: _____ Date of Birth: _____ Last Updated: _____

Medication	Dose	When/ How Often	Reason	Prescribing Provider

PROTECT YOUR PRIVACY: *This worksheet may contain personal health information. Store it in a secure location and only share it with people you trust.*

© 2026 Weslea O'Connor. The Survivor's Edit. All rights reserved. For personal use only.

The Survivor's Edit

Supplements and Over-the-Counter Medications

Supplement/ Medication	Dose	When/ How Often	Reason

Include vitamins, minerals, herbal products, pain relievers, sleep aids, allergy medications, and anything taken only as needed.

Allergies and Reactions

Medication or Substance	Reaction

Recently Stopped Medications & Important Notes

Do not begin, stop, or change a medication or supplement without discussing it with your healthcare team. Share this complete list with every provider involved in your care.

PROTECT YOUR PRIVACY: *This worksheet may contain personal health information. Store it in a secure location and only share it with people you trust.*

© 2026 Weslea O'Connor. The Survivor's Edit. All rights reserved. For personal use only.