

**PERSONAL MEDICATION LIST FOR**

This medication list was made for you after we talked. We also used information from

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

**Allergies or side effects:**

**Medication:**

**How I use it:**

**Why I use it:**

**Prescriber:**

**Date I started using it:**

**Date I stopped using it:**

**Why I stopped using it:**

**Medication:**

**How I use it:**

**Why I use it:**

**Prescriber:**

**Date I started using it:**

**Date I stopped using it:**

**Why I stopped using it:**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Other Information:</b>

If you have any questions about your medication list, our number is 1-844-635-3406, 24 hours a day, 7 days a week. (TTY users, call 711.)

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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## Multi-Language Insert

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-333-3275 (TTY: 1-800-722-0353).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-333-3275 (TTY: 1-800-722-0353).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-333-3275 (TTY: 1-800-722-0353).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-333-3275 TTY: 1-800-722-0353)。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-333-3275 (TTY: 1-800-722-0353) 번으로 전화해 주십시오.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-333-3275 (TTY: 1-800-722-0353).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-333-008-1 (رقم هاتف الصم والبكم: 1-800-722-0353).

### Burmese:

သတိပြုရန် - အကယ်၍ သင့်သည် မြန်မာစကားကို ဝေပူပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံပေးမှုများကို ဖုန်းနံပါတ် 1-800-333-3275 (TTY: 1-800-722-0353) သို့ ခေါ်ဆိုပါ။

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-333-3275 (TTY: 1-800-722-0353).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-333-3275 (TTY: 1-800-722-0353).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-333-3275 (ATS: 1-800-722-0353).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-333-3275 (TTY: 1-800-722-0353).

**Thai:** เรียบน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-333-3275 (TTY: 1-800-722-0353).

**Urdu:**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-333-3275 (TTY: 1-800-722-0353).

**Cherokee:** Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-800-333-3275 (TTY: 1-800-722-0353)

**Persian/Farsi:**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-333-3275 (TTY: 1-800-722-0353) تماس بگیرید.

CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CommunityCare's Senior Manager of Quality Improvement. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare  
Attn: Senior Manager Quality Improvement  
P.O. Box 3249 Tulsa, Oklahoma 74101  
(918) 594-5303 (phone)  
(918) 594-5250 (Fax)  
[CustomerServiceReview@ccok.com](mailto:CustomerServiceReview@ccok.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare's Senior Manager of Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:  
U.S. Department of Health and Human Services, 200 Independence Avenue, SW  
Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697  
(TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.