

PERSONAL MEDICATION LIST FOR	DOB:
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This medication list may help you keep track of your medications and remind you how to use them the right way.

- 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 to update this list at every visit.

<p>Keep this list up to date with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> prescription medications <input type="checkbox"/> over-the-counter drugs <input type="checkbox"/> herbals <input type="checkbox"/> vitamins <input type="checkbox"/> 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:
Notes:	
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:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR _____ **DOB:** _____
 (Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
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:
Notes:	
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:
Notes:	
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:
Notes:	
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:
Notes:	
Date I started using it:	Date I stopped using it:
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PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
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:
Notes:	
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:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a pharmacist at 1-800-977-7532. TTY users should call 711. We are here Monday through Friday, 8:00 a.m. to 6:00 p.m. Pacific Time.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Ascension Complete complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Ascension Complete:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact Ascension Complete's Member Services at: For Florida: 1-833-603-2971; For Illinois: 1-833-293-5966; For Kansas: 1-833-816-6623 (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Ascension Complete 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 by calling the number above and telling them you need help filing a grievance; Ascension Complete's Member Services 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, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Kreyòl (French Creole): W ap jwenn gratis sèvis tradiksyon, èd ak sèvis siplemantè, ak lòt fòm altènatif san w pa peye pou yo. Tanpri sonnen nan nimewo ki make anlè a pou w resevwa sa.

Polski (Polish): Dostępne są również bezpłatnie: pomoc językowa, dodatkowe pomoce i usługi oraz inne alternatywne formaty. Aby je uzyskać, proszę zadzwonić numer wskazany powyżej.

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

Français (French) : Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

한국어 (Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

العربية (Arabic) : خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجاناً. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

Português (Portuguese): Serviços de assistência linguística, ajudas e serviços auxiliares e outros formatos alternativos estão disponíveis gratuitamente para você. Para os obter, ligue para o número indicado acima.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

ગુજરાતી (Gujarati): ભાષા સહાય સેવાઓ, સહાયક સાધનો અને સેવાઓ, અને અન્ય વૈકલ્પિક ફોર્મેટ્સ તમારા માટે મફત ઉપલબ્ધ છે. આ મેળવવા માટે, કૃપા કરીને ઉપર નંબર પર કોલ કરો.

Italiano (Italian): Sono disponibili gratuitamente servizi di interpretariato/traduzione, ausili e servizi accessori nonché altri formati alternativi. Per ottenerli, chiamare il numero di telefono riportato sopra.

اردو (Urdu): زبان کی اعانت کی خدمات، امداد کے ذرائع اور خدمات، اور دیگر متبادل شکلیں آپ کے لیے مفت دستیاب ہیں۔ اسے حاصل کرنے کے لیے، مہربانی کر کے اوپر درج نمبر پر کال کریں۔