Home Health & Medicine Inventory Checklist

PRESCRIPTION MEDICATIONS

Medication Name	Dosage	Prescribing Doctor	Current Supply	Expiration Date

OVER-THE-COUNTER (OTC)

		QTY
PAIN RELIEF	☐ Acetaminophen (Tylenol)	
	☐ Ibuprofen (Advil, Motrin)	
	☐ Aspirin	
	☐ Topical Pain Relief (cream/gel)	
ALLERGY & COLD	☐ Antihistamine (Claritin, Zyrtec)	
	☐ Decongestant (Sudafed)	
	☐ Cough Suppressant	
	☐ Cough Expectorant (Mucus Relief)	
	☐ Nasal Spray	
	☐ Throat Lozenges	
DIGESTIVE	☐ Antacid (Tums, Rolaids)	
	☐ Anti-Diarrheal (Imodium)	
	☐ Laxative	
	☐ Stool Softener	
	☐ Nausea Relief	
WOUND CARE	☐ Bandages (assorted)	
	☐ Antibiotic Ointment	
	☐ Hydrogen Peroxide	
	☐ Alcohol Wipes	
	☐ Gauze Pads	
	☐ Medical Tape	
	☐ Thermometer	
EQUIPMENT	☐ Blood Pressure Monitor	
	☐ Glucose Monitor & Supplies	
	☐ Nebulizer	
	☐ Walker / Cane	
	☐ Other _____	

IMPORTANT CONTACTS

DOCTOR

Name: _____

Phone: _____

Notes: _____

PHARMACY

Name: _____

Phone: _____

Notes: _____

INSURANCE

Provider: _____

Phone: _____

Policy #: _____

Group #: _____

Notes: _____