

Medication	Dosage	Time Normally Taken	Comments (list doctor who prescribed medication, reason for taking, etc.)

INFORMATION REGARDING THE MEDICATION LIST

PATIENTS:

1. ALWAYS KEEP THIS FORM WITH YOU.
2. Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT scan, etc.).
3. Take this form to ALL pre-assessment visits for admission or surgery and ALL hospital visits (Emergency Room, in-patient admission, outpatient visits).
4. Update this form as changes are made to your medications.
 - If a medication is stopped, draw a line through it and record the date it was stopped.
 - If help is needed ask a Physician, Nurse or Pharmacist to help you fill out this form.
5. In the COMMENTS column, record things like the name of the doctor who told you to take this medication. You may also add the reason for taking the medication (high blood pressure, high blood sugar, high cholesterol, etc.).

HOW DOES THIS FORM HELP YOU?

BY USING THIS FORM, IT:

1. **Reduces confusion and saves time.** You do not have to remember all the medications you are taking- the form does this for you.
2. **Improves communication.**
 - Provides doctors, health care providers and institutions with a current list of ALL of your medications.
 - Let's the patient and/or family member know exactly what medications are to be taken and when.
3. **Improves MEDICATION SAFETY.** Medication interactions and duplications can be detected and corrected.