

## How to use My Medicine List™:

**My Medicine List™** can help you and your family keep track of everything you take to keep you healthy—your pills, vitamins, and herbs. Having all of your medicines in one place also helps your doctor, pharmacist, hospital, or other healthcare workers take better care of you.

Start using **My Medicine List™** today!

1. With help from your healthcare professional, fill out the form.
2. In order to fill out the form, you need a list of all of your medicines or everything you take in front of you. Be sure to include medicine you take from all pharmacies that you use as well as any over-the-counter medicines, vitamins, herbs or minerals you may take.
3. Next, think about what you take in the morning, afternoon, around dinner time, and before you go to bed.
4. For every medicine (including ones you get without a prescription), vitamin or herb you take, you need to write down these things:
  - The name of what you take (like Tylenol, Acetaminophen 500 mg)
  - How much you take of this (1 pill, 3 drops, 2 puffs)
  - What it looks like (round, white and red, clear liquid)
  - How you take it (by mouth, with food, with a needle)
  - You started taking this on: (Sept. 15, 2007)
  - You will stop taking this on: (Sept. 30, 2007)
  - Why you take it (for my arthritis, for my heart, to lower cholesterol)
  - Who told me to use it (my family doctor, my arthritis doctor)

*Here's an example:*

| Drug name<br>(brand name, generic name, dose) | This looks like | How many? | How I take it | I started taking this on: |
|-----------------------------------------------|-----------------|-----------|---------------|---------------------------|
| Zocor, simvastatin, 40 mg                     | yellow pill     | 1 pill    | with water    | June 2001                 |

5. Always keep this card with you. Fold it and keep it in your wallet or purse, so you will have it in case of an emergency.
6. Whenever you stop taking something or start taking something new, be sure to update **My Medicine List™**.
7. When you go see the doctor, your pharmacist, have a test, or have to go to the hospital or emergency room, take this form with you.
8. If you have any questions about your medicines, contact your doctor or pharmacist.



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For more information on using medicines safely, go to [www.SafeMedication.com](http://www.SafeMedication.com).



## My Medicine List™

### This medicine list is for:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

*If you need to get in touch with me, use:*

this phone number: \_\_\_\_\_

this e-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

*The best way to get in touch with my emergency contact is:*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am allergic to: \_\_\_\_\_

I also have some other problems with medicines: \_\_\_\_\_

### Keeping My Medicine List™ up-to-date:

It is very important to keep this information current. Use the chart below to review and update your **My Medicine List™**. You can do this with your doctor, pharmacist, nurse, or other healthcare professional.

| Reviewed by: | Reviewed on: | Updated on: | Updated by: |
|--------------|--------------|-------------|-------------|
|              |              |             |             |
|              |              |             |             |



### Questions for my doctor or pharmacist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use the guide on the back to fill out  
My Medicine List™ →





### When I get up, I take:

| Drug name<br>(brand name, generic name, dose) | This looks like | How many? | How I take it | I started taking this on: | I stop taking this on: | Why I take it: | Who told me to take it: |
|-----------------------------------------------|-----------------|-----------|---------------|---------------------------|------------------------|----------------|-------------------------|
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |



### In the afternoon, I take:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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### In the evening, I take:

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### Before I go to bed, I take:

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|  |  |  |  |  |  |  |  |

### Other medicines that I do not use every day:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |



### When I get up, I take:

| Drug name<br>(brand name, generic name, dose) | This looks like | How many? | How I take it | I started taking this on: | I stop taking this on: | Why I take it: | Who told me to take it: |
|-----------------------------------------------|-----------------|-----------|---------------|---------------------------|------------------------|----------------|-------------------------|
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |
|                                               |                 |           |               |                           |                        |                |                         |



### In the afternoon, I take:

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### In the evening, I take:

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### Before I go to bed, I take:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### Other medicines that I do not use every day:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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