(this form was filled out or t	updated) —	's Medication	Record	PharmacyAddress:			
		nily/Primary Doctor ne:	Other Doctors/Specialist Name:		Emergency Contact Name: POISON Relation: 1-800-222-1222		
To treat or prevent	Names & Strength of medication	Looks like	How many to take?	When?	Side effect special ins		Notes Questions
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					
	Brand: Generic: Strength:	Color: Shape: Mark:					

Date: _____

How to fill it out? Take a look at some ideas ...

Example:

To treat or prevent	Names & Strength	Looks like	How many to take?	When?	Side effects and/or special instructions	Notes Questions
To treat my high blood pressure	Vasotec 5 mg	white, round tablet	One tablet twice a day	7 a.m. 7 p.m.	May cause dizziness during the first days of therapy.	
High Blood Pressure or write/mark BP	Brand (name): Vasotec Generic (name): Enalapril Strength: 5 mg	Color: white Shape: ♢ Mark (Imprint on tablets): MSD712	1 tablet <u>or</u> O ½ tablet <u>or</u> ◀ 2x /day <u>or</u> 2x ea day	During the day use * Evenings use (Dizziness @ beginning	Can I take it with milk?

Website links to other style of Medication Record Forms:

Personal Medication Record: www.secure.phhp.ufl.edu/telehealth/alzonline/medication_record.php Create this on-line and print it out.

Medication Record Form: www.seniorcarepharmacist.com/record/MyMedicationRecord.doc

The main idea is:

- Keep one where you store your medications ... this can be your "original" where you mark all the changes ... use a pencil
- Keep one with you all the time (in your wallet or purse) ...this can be a copy of the "original" ... ask your doctor to mark changes on this at each visit ...it might help you remember about what was talked about ... also, updating your "original will be much easier
- ☑ Give one to your emergency contact person ... this can be a copy of the "original"
- ✓ Keep it up-to-date
- ☑ Use a separate form to track each person's (including children) medication record in your family/household
- **☑** USE IT!!!