LIST YOUR MEDICINES

NAME OF MY MEDICINE	HOW MUCH DO I TAKE	WHEN DO I TAKE IT	WHAT DO I USE IT FOR

AL:PR:ID:KnowYourMedicationsBrochure:3.24.23 585-02-0323-ID

Independence
HEALTH SYSTEM

Help Us Help You

Know Your Medications

Partners in Care

It is important to know your medications.

When your doctor prescribes a new medication, ask the following three questions:

1. What is the name of my NEW medication?
2. Why do I need to take it?
3. What are the possible side effects?

Please review this list at EACH visit with your doctor.

- Cross off medications when they are stopped
- Write in new medications when they start

PATIENT MEDICATION LIST

Name _____

Birthdate _____

Address _____

Pharmacy _____

Pharmacy _____

ALLERGIES:	REACTIONS:

LIST YOUR MEDICINES INCLUDING:

Over-the-counter medications including supplements, laxatives, sleeping pills, vitamins, minerals, herbals, others.

NAME OF MY MEDICINE	HOW MUCH DO I TAKE	WHEN DO I TAKE IT	WHAT DO I USE IT FOR
XXXX Example	1 tablet - 400 mg	3 times/day after meals	Arthritis