

Patient Education

HEALTH AND WELLNESS

Medication Record

Your personal medication record is a list of all the medicines that you are currently taking. This includes:

Prescription medicine ordered by your physician.

Over-the-counter medicine that you take as needed without a prescription.

Herbal supplements

Dietary supplements

Vitamins and minerals

This record is an important tool to help you keep track of your medicine. It will also help your healthcare team know what you are taking as they plan your care. They can safely plan your care by

making sure:

You are not taking 2 forms of the same medicine.

Your medicines are safe to take with each other.

■ No new medicine is ordered that may not be right for you.

If you have any

questions about

your medications,

ask your

healthcare

provider.

Personal Medication Record form

Complete the personal information about yourself at the top of the form. Include any allergies or reactions you have to food or medications.

Medication name

Write down the name of each medicine you take. If it was ordered by a physician, list it under "Prescription Medication." List all other medicine such as over-the-counter medicine, dietary supplements, herbals, vitamins and minerals under "Non-prescription Medicine."

Reason I take this medicine

Write down why you take this medication (such as the condition, symptom or treatment).

Strength

The strength of the medicine appears on the medicine label as an amount (such as mg, units, drops or mL).

How much, how and when I take it

This may also appear on the medicine label (example: Take 1 tablet by mouth before breakfast).

Write down:

- How much of the medication you take (such as 1 tablet, 2 drops).
- How you take it (such as by mouth, eye drops).
- What time of day or how many times a day you take the medicine (such as once a day, at bedtime).

Started/stopped

Write down the date you started to take this medicine. It will also be important for your healthcare team to know if and when you stopped taking this medicine. Before a hospital admission, test, procedure or surgery, you will be asked to tell your healthcare team which medications were not taken, as well as the time of the last dose.

Remember to:

- Keep this record in a safe place at home.
- Carry a copy with you at all times.
- Bring this record with you to all healthcare visits.
- Update this record whenever there is a change in the medicine that you take.
- Mark the date you complete or update the record in the lower left corner.

_____ Date of birth: ___ / ___ / ____ Name Primary physician _____ Phone ____ Allergies and reactions to food and medicines **Prescription medication** How much, how and Reason I take this Started/ Medication name Strength medicine when I take it stopped Non-prescription medicine (Over-the-counter medicine, dietary supplements, herbals, vitamins and minerals)

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Personal Medication Record

Date completed or updated: ____/___/