

**ATTACHMENT P: MEDICINES 101- PATIENT**



**MY MEDICINES 101**  
**How to Fill Out Your Medicine List**

No matter what your age or condition, it is important that you know what medicines you take and why you take them. Your “My Medicine” list will help keep track of why, when and what you are taking. Bring this list and your medicines to every appointment so that your medical team can take the best care of you.

**PATIENT INSTRUCTIONS**

**1. To complete your list you will need:**

- **Pen or Pencil**
- **All of your prescription medicine bottles**
- **All of your over-the-counter medicines, herbals, vitamins, antacids, aspirin**
- **“My Medicines” list**

**2. Fill in your name and list your allergies.**

**3. Begin with your prescription medicines. For each prescription list:**

- **Name of the medicine**
- **Dose of medicine; usually listed in milligrams**
- **When you take the medicine; for example, morning, noon or evening**
- **Note if your medicine is to be taken with food or without food**
- **Why you take the medicine, what is it for or what does it do for you; for example, high blood pressure, diabetes**

**4. List your over-the-counter medicines, herbals, vitamins, antacids, aspirin**

**5. Complete your list on the back and fill in:**

- **Your doctor’s name and phone number; be sure to list all the physicians that take care of you**
- **Your pharmacy name and phone number. It is best to use one pharmacy to avoid confusion**
- **List any medical conditions**
- **Vaccines you have received, including your yearly flu shot**

**6. Keep this list up to date.**

**As you fill out this form, you may find you have some questions about your medicines. Your doctor or pharmacist is your Partner in Safety. They will be happy to explain more about your medicines.**

