### MY MEDICINES LIST

www.MyMedsList.org

- Write all prescriptions, over-the-counter medicines and supplements below.
- Keep this list up-to-date and with you at all times.
- Send and/or show the list to your doctors and pharmacists at each visit.
- Ask them to check for unnecessary duplications or medicines that could interact to cause harm.
- This list will help you take your medicines correctly.

<table>
<thead>
<tr>
<th>Type of Medicine</th>
<th>Name of Medicine or Product</th>
<th>How much do I take at each dose?</th>
<th>When and how do I take it?</th>
<th>Why do I take it?</th>
<th>Date I started it</th>
<th>Date I stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Naproxen</td>
<td>1 tablet, 250 mg</td>
<td>7AM and 7PM, with food</td>
<td>Arthritis</td>
<td>7/31/2009</td>
<td>N.A.</td>
<td></td>
</tr>
</tbody>
</table>

List all medicines you avoid due to allergies or side effects:

______________________________________________________________

______________________________

Your Primary Doctor: _______________________________ Phone: ____________

Your Pharmacy: ___________________________ Phone: ___________________
Questions to ask the doctor or pharmacist
Write your answers below.

• What is the name of the medicine and how do you spell it?
   __________________________________________________________

• What is the medicine for?
   __________________________________________________________

• Is there a lower cost medicine that I can take?
   __________________________________________________________

• How much medicine should I take?
   __________________________________________________________

• When and how should I take the medicine?
   __________________________________________________________
   __________________________________________________________

• What should I do if I forget to take the medicine?
   __________________________________________________________

• What should I do if I accidently take more than the prescribed dose?
   __________________________________________________________
   __________________________________________________________

• Are there side effects I should know about? When should I call the doctor about a side effect?
   __________________________________________________________
   __________________________________________________________

• Does this drug interact with any other medicines I take, including over-the-counter medicines, vitamins, supplements and herbals?
   __________________________________________________________
   __________________________________________________________

• Can I take alcohol with this medicine?
   __________________________________________________________

• Where can I find written information about this medicine?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

✔ Fold this list to fit in your wallet or purse
✔ Keep your list up-to-date.
✔ Use a pencil so you can erase.
✔ Print a new list when you need one.

For more lists, visit
www.azcert.org
www.MyMedsList.org

ARIZONA CERT
Center for Education and Research on Therapeutics
CRITICAL PATH INSTITUTE

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