

Medicine Reminder Chart



Patient's name.....

Completed by.....

Designation.....

Date.....

Do You Know.....

- 1. Why you are taking each medicine?**
 - You should know about each medical condition and why you are being treated.
 - 2. When is the best time to take your medicines?**
 - Some medicines work best when taken at certain times of the day or particularly before or after food
 - 3. How to take your medicines?**
 - You may need to take your medicine every day or just when required.
 - Can you use your inhaler properly?
 - 4. What are the most common side effects of your medicines?**
 - Some side effects are more serious than others and you may need to stop taking your medicine.
 - 5. If you need any blood tests to check how your medicines are working?**
 - Some medicines need regular monitoring to make sure they are working properly.
- If you don't know the answers to these questions ASK your pharmacist or doctor**

Remember.....

- This chart is intended to help you remember when to take your medicines.
- Please show it to any healthcare professional that prescribes medicines for you.
- If anyone changes your medicines, please ask them to change this chart
- If you go into hospital it is very important to take this chart with you.
- If you wish to start taking other medicines e.g. over-the-counter medicines from your local chemist, **ALWAYS** ask your local pharmacist or GP for advice to ensure it is safe to take with your regular medicines.
- **NEVER** take any prescription medication that has been prescribed for someone else. Only your doctor will know if a medicine is suitable for you.
- If in doubt or if you have any concerns ask your local pharmacist.
- He/she is available to give you advice about any aspect of your medicines.

DOCTOR:		PATIENT NO.:		ALLERGIES:				
MEDICATION	REASON FOR TAKING	DESCRIPTION*	BREAKFAST 	LUNCH/MIDDAY 	AFTER-NOON 	TEA 	BED 	OTHER INFO

*Appearance of your medicines may change, if a difference is noticed please discuss this with your pharmacist