

## **Medication List and Medication Check**

If you do not have a list of your medication, create one yourself or ask your primary care provider for your current list. At the end of this document, you can find a printable template.

	□ Creating a medication list									
		Add prescription medications								
		Add over-the-counter medications								
		Add plant-based medications								
		Add dietary supplements								
		Add vitamins								
		Add sprays and drops								
		Add creams, ointments, and gels								
		Add injections								
	Note t	lote the dosage								
	Note t	he amount per time of day (number of pills/drops/shots/sprays etc.)								
	Note t	he method of application (e.g. swallow, inhale, inject, drop)								
	Note t	he reason for use (e.g. high blood pressure)								
		Mark any medication you take to tolerate another (e.g. stomach protector for								
		pain killers)								
		Mark any medication you are unsure why you are taking it								
□ Note who prescribed the medication and when (e.g. cardiologist, primary										
	provid	er)								
	Note a	and mark any side effects that may be caused by the medication								
	Mark any medication you have questions about									

If there are any marked medications on your list, take your list to your next appointment with your primary care provider. Inform them, that you would like to discuss your medications. Either time will be found during the same consultation or you will be given a separate appointment. Explain why you have marked certain medications and discuss whether there are medications that could be stopped and how this should be done (e.g. stopping immediately, gradual dose reduction, etc.)

If there are no specifically marked medications on your list, continue taking your medication reliably as prescribed. Review your list at least once a year or whenever you receive a new

diagnosis or start a new medication. It is recommended to regularly discuss your medication with your primary care provider, especially when new medication is added or marked.

ame and dosage	morning	noon	evening	night	method of application	reason for use	prescriber	taken since	possible side effect

Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

name and dosage	morning	noon	evening	night	method of application	reason for use	prescriber	taken since	possible side effects