

# My Medicines List





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CHECK

ASK

### III 🔂 🔗 My Medicines

#### My allergies and how I react:

Name:

### Date of Birth:

Date I filled out this form:

Name of medicine or supplement	Strength	How much I take each time	I take it	I take it every day (Y/N)	Why I take it?	My notes
Example: ABC Tablets	25mg	2 tablets	Once in the morning	Yes	For my heart	Take with food

Always read the label on your medicines as well as checking your list.

This document belongs to the person named above. If taking a copy, please return the original.

## Before you take it...



### What is My Medicines List?

My Medicines List is a list of all the medicines and supplements you take.

### Why should I use it?

Keeping an up-to-date list can help you know your medicines. It can also help you when discussing your medicines with a healthcare professional.

### How should I fill it in?

To fill out My Medicines List, you need all your medicines in front of you. Another option is to ask your pharmacist to print out a list for you. Make sure you include all prescribed and overthe-counter medicines and supplements.

### How should I use it?

Keep your list up to date. Bring it with you when attending any healthcare appointment. You may find it useful to keep a photo of this list on your phone.

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