"My Medication Facts"

Your name _____

Write down facts about each prescription and all other products you take regularly. Photocopy as many copies of this page as you need. Use one copy for each product. Keep them in your purse or wallet. Add to your set when you start taking a new product, and remove ones that you no longer use. Take them with you when you go to get health care or go on a trip. If you need help making the list, ask your health care provider for assistance.

Name and dosage of medicine or product _____

Its form, color, or shape _____

Time(s) of day to take each dose and how to take it _____

What you take it for _____

Potential side effects _____

Name and phone number of where you buy it _____

Special Instructions _____

K-State Research and Extension Service, Manhattan, Kansas
K-State Research and Extension is an equal opportunity provider and employer.
For educational purposes only. Credit Mary L. Meck Higgins, PhD, RD, LD, CDE, Human Nutrition 2006

"My Medication Facts"

Your name _____

Write down facts about each prescription and all other products you take regularly. Photocopy as many copies of this page as you need. Use one copy for each product. Keep them in your purse or wallet. Add to your set when you start taking a new product, and remove ones that you no longer use. Take them with you when you go to get health care or go on a trip. If you need help making the list, ask your health care provider for assistance.

Name and dosage of medicine or product _____

Its form, color, or shape _____

Time(s) of day to take each dose and how to take it _____

What you take it for _____

Potential side effects _____

Name and phone number of where you buy it _____

Special Instructions _____

K-State Research and Extension Service, Manhattan, Kansas
K-State Research and Extension is an equal opportunity provider and employer.
For educational purposes only. Credit Mary L. Meck Higgins, PhD, RD, LD, CDE, Human Nutrition 2006