Prescription and Over-the-Counter Medications, Supplements and Vitamins (continued)

NAME OF DRUG AND DATE STARTED	DOSE (mg/ml)	HOW OFTEN/WHEN DO YOU TAKE?	WHY DO YOU TAKE IT?

Known Drug Allergies

NAME OF DRUG	WHAT REACTION DO YOU HAVE WHEN YOU TAKE THIS DRUG?		



My Medication Record

vallie.	
Pharmacy:	
Telephone:	

EMERGENCY CONTACT

Name:

Telenh			
IDIANN	nno.		

Medication Safety Tips

- 1. Create a Medication Record for every family member. Keep the records with you at all times.
- Update your Medication Record regularly —
 especially when you start or stop taking a medication. When you stop taking a medication, draw
 a line through it and enter the date you stopped.
- 3. Share your Medication Record with every doctor you see in a clinic, hospital or emergency room.
- When your doctor prescribes a new medicine, ask him/her what it is, why and for how long you are to take it, and if there may be side effects.
- 5. Ask your pharmacist if there may be interactions with other medicines you take.
- Don't take anyone else's medicine and don't share yours with anyone else.
- 7. Don't take any medications that have expired.

www.swedish.org/medicationsafety

For a free physician referral, call toll-free 800-SWEDISH (800-793-3474)



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