MyMedsList

Northeast Indiana Patient Safety Coalition
NeIPSC

Name _____

Birth date _____

Phone _____

E-mail _____

Emergency contact _____

Phone _____

E-mail _____

I am allergic to _____

_____

I also have some other problems with medicines

_____

_____

My Doctor is _____

Phone _____

My Pharmacy is _____

_____

See back for MyMedsList

MyMedsList

Drug name (brand name, generic name, dose)	This looks like	When do I take it?	How much/ many?	Times per day?	How do I take it?	I started taking this on:	I stop taking this on:	Why do I take it?	Who told me to take it?
Example Zocor, simvastatin, 40mg	*Yellow pill*	*At bedtime*	*1*	*Once*	*With water*	*June 2015*	*Until doctor says to stop*	*High cholesterol*	*Dr. Jones, Heart doc*

MyMedsList

helps me and my family keep track of everything I take to keep me healthy — my pills, vitamins and herbs. Having all of my meds in one place also helps my doctor, pharmacist, hospital or other healthcare workers take better care of me.

Keep MyMedsList up-to-date

It is very important to keep this information current. I can do this with my doctor, pharmacist, nurse or other healthcare professional.

MyMedsList

was developed by the
Northeast Indiana Patient Safety Coalition
Addressing common safety issues and improving healthcare for patients living in Northeast Indiana.

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