

Name \_\_\_\_\_ 

**Last updated:**

\_\_\_\_\_ month day year

**Give this sheet to the nurse.**

# My Medications

I am taking these medications now. This list includes prescriptions from my doctor, over-the-counter medications, and natural products.

I am registered with the MedicAlert® Safely Home® program.

My ID number is \_\_\_\_\_.

My medical information can be accessed by calling Hotline 1-800-407-7717

Name of medication or natural product	How much I take Example: 2 pills, 1 teaspoon.	When I take it Examples: once a day, with lunch, at bedtime.	How I take it Example: swallow with water.

**More medications →**



**Tips to help me take my medications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## More medications

<b>Name of medication or natural product</b>	<b>How much I take</b> Examples: 2 pills, 1 teaspoon.	<b>When I take it</b> Examples: once a day, with lunch, at bedtime.	<b>How I take it</b> Example: swallow with water.

### Important things to know about me:

I have special authorization for my dementia medications: (explain)

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I do not tolerate the following medications:

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I am sensitive to changes in my medications, so talk to my caregiver or my family doctor. This is what happens to me if my medications are changed:

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