

Patients: This is important information. Keep it with you at all times.

1. Take this form to ALL doctor visits and ALL appointments for medical testing (lab, x-ray, MRI, CT.) Take this form to ALL pre-assessment visits for hospital in-patient admission or surgery and ALL other hospital visits (ER or out-patient.)
2. List all prescription and non-prescription medications and supplements you take such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Gingko Biloba, St. John's Wort, Saw Palmetto). Include the medications you take just when you need them (ex. Nitroglycerin, Glucose tabs, Viagra)

Example:

Date	Name of Medication & Dose	Directions for taking: Do not use medical abbreviations	Reason for Taking /Doctor prescribing	Date Stopped
3/1/06	Lanoxin 0.125 mg	Daily in a.m.	Heart Failure/Smith	

3. Update this form as changes are made to your medications.
4. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed ask the Physician, Nurse or Pharmacist to help you fill out this form.
5. When you are discharged from the hospital, you will get an updated list of medications; use this list to update your form. When you return to your doctor, take your updated list with you. **Always keep the most recent update of this form with you.** This will keep everyone up-to-date on your medications.
6. In the **COMMENTS** section, write down the illnesses you have and the name of the doctor who treats that illness. Add information about treatments you are having (ex. cardiac rehab, chemotherapy, radiation therapy), or any special dietary restrictions or needs that you have, such as low salt, low fat or protein restricted.

HOW DOES THIS FORM HELP YOU?

Using this form:

1. **Reduces confusion and saves time.** You do not have to remember all the medications you are taking, the form does this for you.
2. **Improves communication.** Provides doctors, health care providers and institutions with a current list of ALL of your medications. It let's the patient and/or family member know exactly what medications are to be taken and when.
3. **Improves MEDICATION SAFETY.** Medication interactions and duplications can be detected and corrected.
4. Tell your family, friends and neighbors about the benefits of using this form.
5. If you need a new form you can print one from http://www.kishhospital.org/safety_privacy/patient_safety.html