

Medication safety begins with **YOU**

Medications contain powerful chemicals that cause changes in your body. It is essential to use them correctly. Your doctor, nurse and pharmacist are trained to help you use your medication safely.

You need to know your medications, how to take them and why you take them. If you don't understand, ASK.

Complete the attached Medical Information Card and show it to your family doctor, pharmacist and other specialists involved in your care.



If you take many different medications or have medications ordered by different doctors, schedule a “brown-bag check-up” – place all your medications and over-the counter products in a bag and take them to your doctor or pharmacist so he/she can look for any potential problems.

(over)



Medical Information Card



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Medications

| Name(s) | Dosages | Times Taken Per Day |
|---------|---------|---------------------|
|---------|---------|---------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Supplements

(vitamins, herbal or natural medications, etc.)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Allergies

and medication you cannot take - Why?

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Name, Address & Phone

Emergency Contact

Name, Phone & Relationship to You

Physician

Name & Phone

Pharmacy

Name & Phone

Immunizations (circle one)

Tetanus? YES NO Date _____

Influenza? *(Annual flu shot)* YES NO Date _____

Pneumococcal? YES NO Date _____
(Pneumonia preventative shot)

Others? _____

Living Will

Name & Phone - or NONE

Durable Power of Attorney
for Healthcare

Name & Phone - or NONE

Other Information

Organ Donor YES NO

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Store your medications in a dry area that does not have changes in temperature. Do NOT store them in the bathroom, over the stove or in the car.



Keep your medications out of reach of children and pets.



Keep your medications in their original bottle/container. If your doctor or pharmacist suggests a daily or weekly medication box, ask them how to use it. Some medications should not be stored together or need special storage.



Each time you take your medication, read the label and make sure you are taking it correctly.



Throw away all products that are outdated or have not been used in a while. Ask your pharmacist how to properly dispose of these medications.



Never take other people's medications

For more information on medication safety, visit our website at www.akrongeneral.org



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