



SafeMedSeniors

MY MEDICATION DIARY

BACKGROUND INFORMATION

Name:

Phone Number:

Hospital:

Pharmacy:

Allergies:

PLEASE NOTE THE FOLLOWING

- **Take your medications as directed by your healthcare providers.**
- **Take your medicine along with other daily habits: eating or brushing your teeth for example.**
- **Store all medicines in designated location. The location should be a dry and cool place. Clarify with your pharmacist if in doubt.**
- **Tell your pharmacist or doctor if you are taking dietary supplements and show them if possible.**
- **Do not change your medications, dose or schedule without first talking with your health care provider.**
- **Find out as much as possible about every medication. Understand why it was prescribed and instructions for use.**
- **Ask about foods or drinks to avoid when taking medications.**

- **Plan before medication runs out.**

MY CURRENT MEDICATIONS

1. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

2. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

3. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

4. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

5. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

6. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

7. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

8. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

9. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____

10. Name of Drug _____

Dose _____

When taken _____

What is it for _____

Special Instructions _____