

YOUR MEDICATION LIST



TOGETHER We get it RIGHT

During your stay at GBGH you may be asked about your medications several times. This is normal practice and part of our commitment to excellent care.

It is important for your safety to tell us about every medication that you take

- > Read the list below and check if you take medications in any of these categories
- > Then, do your best to list all your medications on the reverse

Rx Prescription	E	xamples	of why you may take these medications		
□ Pills, Liquids	Pain, blood pressure, heart, diabetes, parkinson's, seizures, sleep, stomach, erectile dysfunction, recent infection etc.				
□ Inhalers	COPD, asthma, allergies etc.				
☐ Eye drops	Glaucoma, allergies, dry eyes, infection etc.				
☐ Injections	Blood thinners, arthritis, insulin, chemotherapy, vitamins etc.				
□ Patches	P	Pain, heart, hormone replacement, nausea etc.			
☐ Creams/Ointments	Pain, hormone replacement, psoriasis, other skin conditions etc.				
Non-prescription			Examples		
☐ Pain, allergy, cold, heart burn etc.			Tylenol [®] , Advil [®] , Aerius [®] , Sudafed [®] , Zantac [®] etc.		
☐ Vitamins & minerals			Calcium, vitamin D, vitamin B, multivitamins etc.		
☐ Herbals & natural remedies			St. John's Wart, Black Cohosh, Glucosamine etc.		
film					
☐ Cigarette Use 📴	□ Occasional □ Less than 10in 24 hours □ Greater than 10 in 24hours				
□ Alcohol Use 🌃	□ 1-2 drinks/week □ 1-2 drinks/day □ 3 or more drinks/day				
☐ Other (please specify)					

Patient Demographics



YOUR MEDICATION LIST



Instructions to Patient and/or Caregiver

- Indicate the name & telephone number (if known) of your pharmacy, we may need to contact them
- List all prescription medications, followed by non-prescription medications
- If you cannot remember the name of your medication, describe it (e.g. red, round tablet) and indicate how often you take it and the reason that you are taking it
- If you have a list with you, please review it, update it and ask the nurse to attach it to this form

Date:	Community Pharmac	cy:	Telephone:
Medication Name & Strength (e.g. ramipril 5 mg)	Dose (e.g. 1 cap)	Frequency or How Often Taken (e.g. once a day)	Reasons for Taking Medication (e.g. blood pressure) or Other information

Remember, it is important to keep an up-to-date medication list at all times
If you need help, make an appointment with your pharmacist for a "MedsCheck"

For more information about the Medscheck program speak to your community pharmacist or visit www.medscheck.ca and see The Doc Evans Medication Safety video at http://youtu.be/f2KCWMnXSt8