



THE IMPORTANCE OF KEEPING A MEDICATION LIST

Parents play an important role in their child's healthcare when it comes to medication safety. Keep an up-to-date list of all the medications your child/teen takes and carry it with you. This includes:

- ✓ Prescription medication
- ✓ Vitamins and minerals
- ✓ Herbal supplements
- ✓ Homeopathic remedies
- ✓ Over the counter medication

Please bring all of these medications to your child/teen's Diabetes Clinic appointments.

How to use the Medication List (MedList)

It's important to bring this **MedList** to all your healthcare visits. Having all your medications listed in one place helps your doctor, pharmacist, and other healthcare providers take better care of you. This **MedList** helps you keep track of what you're taking to keep healthy, such as prescriptions, vitamins, over-the-counter medicine, herbs, and supplements.

If you need help filling out the **MedList**, ask your family, a friend, or a healthcare provider to help you.

1. Before filling in the list, gather all the medication you take (such as pills, patches, inhalers, eye/ear/nose drops, creams, ointments, and samples the doctor gave you). Be sure to include over-the-counter medicine, vitamins, minerals, herbal products, and recreational drugs (example: alcohol or marijuana).
2. Write down the following for each medication:
 - a. The name (example: Tylenol[®]/acetaminophen).
 - b. The dose or strength (example: 500 mg or 1000 Units).
 - c. How much (example: 1 pill, 3 drops, or 2 puffs).
 - d. How often and when (example: in the morning and/or evening. If it's not listed, write how often or when in *Additional Information*).
 - e. Why you take it (example: for arthritis).
 - f. Additional information, such as take it with or without food, or who prescribed it (example: family doctor, specialist, naturopath).
 - g. The date it was prescribed.

Here's an example:

Name of Medication	Dose/ Strength	How Much	How Often and When					Why I take it	Additional Information	Date
			Morning	Afternoon	Evening	Bedtime	As Needed			
<i>atorvastatin</i>	<i>20 mg</i>	<i>1 pill</i>				✓		<i>lower cholesterol</i>	<i>Dr. Goodheart</i>	<i>09-Jan-2015</i>

3. Keep this list handy at all times, such as in your wallet or purse, so that you can share it with your healthcare provider when you have an appointment, test, or go to the hospital.

Remember:

- Update the **MedList** when there's a change to your medication, such as stopping it, changing the dose, or starting a new one. Cross out the medication when you stop taking it, and write the date you stopped taking it.
- Speak with your doctor or pharmacist if you have questions about the medication you take.

If it's on the list, it won't be missed

Medication List

Having all your medications listed in one place helps your doctor, pharmacist, and other healthcare providers take better care of you. This **MedList** helps you keep track of what you're taking to keep healthy, such as prescriptions, vitamins, over-the-counter medicine, herbs, and supplements.

First and Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Health Number	Address		City	Province	Postal Code
Emergency Contact Name		Phone	Secondary Emergency Contact Name		Phone
Family Doctor's Name		Phone	Pharmacy Name		Phone
Specialist/Doctor's Name		Phone	Specialist/Doctor's Name		Phone
Benefits/Medical Plan Name and # (e.g. Alberta Blue Cross)					
Medical History <input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart conditions <input type="checkbox"/> Breathing problems		<input type="checkbox"/> Other medical history:			
Allergies (<i>The following is a list of medications I am allergic to, and what happens when I take them</i>) <input type="checkbox"/> No medication allergies					

List all the medications you take, such as pills, patches, inhalers, eye/ear/nose drops, creams, ointments, and samples the doctor gave you. Be sure to include over-the-counter medicine, vitamins, minerals, herbal products, and recreational drugs (example: alcohol or marijuana).

For your MedList to work, it's important to keep it up to date: use the date column to indicate when old medications were stopped and new ones added!

This List belongs to _____

Created on _____

Name of Medication <i>(example: atorvastatin)</i>	Dose/ Strength <i>(20 mg)</i>	How Much <i>(1 pill)</i>	How Often/When					Why I take it <i>(to lower cholesterol)</i>	Additional Information <i>(take with or without food; Prescribed by Dr. Goodheart)</i>	Date <i>(started or stopped)</i>
			Morning	Afternoon	Evening	Bedtime	As Needed			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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