**Before**

**you take it…**

## KNOW

**your medicines**

**and keep a list**

## CHECK

**that you are using**

**the right medicine the right way**

## ASK

**your healthcare**

**professional if you’re unsure**

### What is My Medicines List?

My Medicines List is a list of all the medicines and supplements you take.

### Why should I use it?

Keeping an up-to-date list can help you know your medicines. It can also help you when discussing your medicines with a healthcare professional.

**My**

**Information for people who take medicines and their families**

### How should I fill it in?

To fill out My Medicines List, you need all your medicines in front of you. Another option is to ask your pharmacist to print out a list for you. Make sure you include all prescribed and over-the-counter medicines and supplements.

# Medicines

**List**

**My pharmacy’s name Phone number**

**My family doctor’s name Phone number**

**Emergency contact name**

**Phone number**

[www.safermeds.ie](http://www.safermeds.ie/)

### How should I use it?

Keep your list up to date. Bring it with you when attending any healthcare appointment. You may find it useful

to keep a photo of this list on your phone.

### How can I get another form?

To get another copy, you can print from [www.safermeds.ie](http://www.safermeds.ie/) or ask for a copy at your local pharmacy.

**i KNOW**

* **CHECK**

**? ASK**

**My medicines**

|  |  |
| --- | --- |
| **My allergies and how I react:** |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Date of birth** |  | **Date I filled****out this form** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of medicine or supplement** | **Strength** | **How much I take each time** | **I take it** | **I take it every day (Yes / No)** | **Why I take it?** | **My notes** |
| **Example:** ABC Tablets | 25mg | 2 tablets | Once in the morning | Yes | For my heart | Take with food |
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