My Medication Safety Checklist

Ask these questions of your prescribing physician and pharmacist to help you reduce or manage the risk of safety problems with your medication therapy. Refer to this information as needed.

What names is this medicine known by?

__________________________________________ generic name
__________________________________________ trade or brand name

Why do I need this medicine, and what does it do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How should I take this medicine?

Dose: ____________________________________________
How often/Time of day: ____________________________
Special instructions: ________________________________

What should I do if I miss a dose?

________________________________________________________________________
________________________________________________________________________

Should I avoid any foods, medicines, or other things while taking this medicine?

________________________________________________________________________
________________________________________________________________________

Are there any possible side effects from this medicine that I should watch out for?

________________________________________________________________________
________________________________________________________________________