

Be an Active Member of Your Health Care Team
My Medicine Record



U.S. Department of Health & Human Services
Food and Drug Administration



My Personal Contacts

Name _____
Birth Date _____
Contact _____

Emergency Contact

Name _____
Relationship _____
Contact _____

Primary Care Physician

Name _____
Contact _____

Pharmacy / Drugstore

Name _____
Contact _____

Allergic Reaction or Other Problem I've Had With ...

any medicine, dietary supplement, food, skin cleaner, medical tape

My Medical Conditions and Operations

Questions I Should Ask About Medicines or Dietary Supplements

- ❖ **Fill in the record for any new medicine, prescription (Rx) or over-the-counter (OTC), or dietary supplement, or ask my doctor or pharmacist to help me fill it in. Make sure I can read what is written on the record.**
- ❖ **When I review the record, or a change is made, ask:**
 - Can I use a generic form?
 - When should I start to feel differently? When should I report back to the doctor?
 - Will this take the place of anything else I am using?
 - Are there any special directions for using this?
 - Should I avoid any other medicines, dietary supplements, or treatments while using this?
- Should I avoid any drinks, foods, other substances, or activities while using this?
- What are the possible side effects from this? Is there anything I should watch for? What do I do if I get a side effect?
- Will I need any tests (blood tests, x-rays, other) to make sure it is working as it should? When? How will I get the results?
- What should I do if I miss a dose? What do I do if I use too much?
- Where and how can I get more written information about this?