

How to Use *My Medicine Record*

If you want to use the paper version of *My Medicine Record*, use the last two pages of this packet – just fill in the columns with a pen or pencil.

If you want to use the electronic version of *My Medicine Record*, follow these steps:

Step 1: Download the record from www.qiww.org/wv/medical_professionals/patient_safety/drug_safety/default.aspx

Step 2: Use this record with the FDA's "Be An Active Member of Your Health Care Team" information, found at www.fda.gov/Drugs/ResourcesForYou/ucm079453.htm

Step 3: Save *My Medicine Record* on your personal computer. Type information into the spaces with your keyboard.

Step 4: Enter ALL prescription medicines you use, including any medicine samples you are given.

Step 5: Enter ALL over-the-counter medicines and dietary supplements (including vitamins, minerals, and herbals) you use, whether you use them all the time or only some of the time.

Step 6: Print and share the record with your doctors, pharmacists, or other health professionals at ALL your visits.

Step 7: Keep a printed copy with you all the time. It is a good idea to give a copy to a friend or loved one.

Review this record and update it on your computer when you stop or start a medicine or dietary supplement, make a change in anything you use, or you visit your doctor, pharmacist, or other health professional.

Completing the columns on *My Medicine Record*

What I'm Using

- Prescription medicine – enter the brand and generic name of the medicine, including any samples you are given.
- Over-the-counter medicine – enter the name and active ingredient(s), including: over-the-counter medications you use for allergies, stomach ache, heartburn, nausea; over-the-counter pain relievers you use for minor aches and pains, headache, fever; over-the-counter cold medicines, laxatives, sleeping pills; and others prescribed by your doctor, such as aspirin.
- Dietary supplements, including vitamins, minerals, and herbals.

What it Looks Like

- Form (pill, tablet, capsule, liquid, injection, suppository, cream, lotion, eye or ear drops, etc.).
- Shape, color, size, and scoring (any lines on the medicine) or other markings.

How Much

- Dose that you are directed to use, by the: doctor, pharmacist, OTC or dietary supplement directions on the label.
- If you are to use a dose that is different than the dose the medicine comes in, note the number you use (for example you are supposed to use 40 mg, and it comes in 20 mg pills, put “40 mg; use 2-20 mg pills” or “2 pills”).

When to Use

- How often to use and the time or time of day you use it (such as “8 a.m.” or “bedtime,” or “10 p.m.”)

Start/Stop Dates

- Date you started using it. If you are only supposed to use it for a period of time, put the date you should stop using.
- If it is something you use sometimes, such as an OTC you use only when you have a headache, put “as needed.”

Why Am I Using

- The reason why you are using it, such as “high blood pressure.”
- Any special directions on how to use the medicine, such as whether to take it with or without food.
- Any tests that are needed to find out it is working as it should, and dates you need the tests.
- How and where to keep or store it, if not at room temperature.

Who Told Me to Use

- Name of the doctor, nurse or pharmacist (or other) who prescribed or told you to use it.

My Personal Contacts

- Contact information for you – someone you want contacted in an emergency, your doctor, pharmacy or pharmacist. An extra space is for an extra contact person, if needed.

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

- Any medicine, dietary supplements, skin cleaners, tapes.
- Also enter anything that could have an effect on your use, such as trouble swallowing tablets, or trouble remembering to use. Include problems with ingredients, such as colors, flavors, starches, or sugars.

My Medical Conditions and Operations

- Any diseases, illnesses, or medical conditions, such as asthma, diabetes, heart disease, high blood pressure, kidney disease, cancer.
- Any conditions or problems you often treat with prescription or over-the-counter medicine or dietary supplements, such as acid stomach or allergies.
- Operations you've had.

Questions I Should Ask About Medicine and Dietary Supplements

- Fill in the chart for any new medicine or dietary supplement, or ask your doctor or pharmacist to fill it in. Make sure you can read what is written on the chart. If you can't read it, others may have trouble reading it too. Use these questions when you review the chart with your health professionals or when a change is made in something you use.



Be an Active Member of Your Health Care Team

My Medicine Record



	What I'm Using Rx* - brand & generic name OTC** - name	What It Looks Like color, shape, size, markings, etc.	How Much	When to Use	Start / Stop Dates	Why Am I Using	Who Told Me to Use
--- Enter ALL prescription medicine (include samples), over-the-counter medicine, and dietary supplements ---							
Ex	XXXX/xxxxxxxxxx	20 mg pill; small, white, round	40mg; use 2-20 mg pills	2 times a day; take at 8 a.m. & 8 p.m.	1-15-06	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-06	Dr. X
1							
2							
3							
4							
5							
6							
7							
8							
9							

These are my medicines as of:

Be an Active Member of Your Health Care Team

My Medicine Record



My Personal Contacts

Name _____
Date of Birth _____
Phone Number _____

Emergency Contact

Name _____
Relationship _____
Phone Number _____

Primary Care Physician

Name _____
Phone Number _____

Pharmacy / Drugstore

Name _____
Phone Number _____

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

any medicine, dietary supplement, skin cleaner, tape

My Medical Conditions and Operations

Questions I Should Ask About Medicine or Dietary Supplements

❖ **Fill in the chart for any new medicine or dietary supplement, or ask my doctor or pharmacist to fill it in. Make sure I can read what is written on the chart.**

❖ **When I review the chart, 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?