Medication list.

Keep an up-to-date list of all your medication at all times. Your doctor or pharmacist can assist you to fill in the information.

Name: Date of Birth:

Allergies

Date started	Medicine name and strength	What it's for	Dose	Frequency	Special instructions	Date stopped
1/10/08	Tablet 'ABC' (500mg)	Chest infection	2 Tablets	Twice daily (morn & evening)	No alcohol and take with food	7/10, Sample

Doctor's No.: Pharmacist's No.:

If the table is full or you need a new one, you can print it off from this website: www.isqsh.ie



Date started	Medicine name and strength	What it's for	Dose	Frequency	Special instructions	Date stopped
Started	Strength	What it's for	DOSC	rrequeries	macractions	зсоррец

Tip: Try using a Personal Information Pack (PIP) to help you record your medicine. Ask your pharmacist about this pack.