

Drug name	Drug is for	Directions for use

**Your Medications** (including over-the-counter, herbal products and vitamins)

**"Stay Healthy"  
Tips to Remember**

- Always carry a complete list of all drugs you're taking (including over-the-counter and herbal products).
- Share this list with your doctor and pharmacist.
- Understand instructions.
- List any questions before visiting your doctor or pharmacist.

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- When taking multiple medications, keep a record of each one's purpose, dosage and schedule.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Phone No.

\_\_\_\_\_  
Pharmacy's Name

\_\_\_\_\_  
Pharmacy's Phone No.

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**Your Medication  
Safety Checklist**

Share with your doctor and pharmacist.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Work No.

Courtesy of the:  
**DAVID TRAPP AGENCY**  
Life, Health, Disability, Dental  
and Long Term Care Insurance  
**608-784-5433**

### Your Medical Conditions

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Angina              | <input type="checkbox"/> Anemia           | <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Emphysema               |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Hemophilia   | <input type="checkbox"/> Kidney Disease          |
| <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Migraines               |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Liver Disease    | <input type="checkbox"/> Ulcers       | <input type="checkbox"/> HIV                     |
| <input type="checkbox"/> Parkinson's         | <input type="checkbox"/> Pregnancy        | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Edema (water retention) |
| <input type="checkbox"/> Other _____         |   |                                       |  |

### Allergies/Drug Reactions

- |                                     |  |                                      |   |
|-------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> None known | <input type="checkbox"/> Anti-inflammatories | <input type="checkbox"/> Aspirin     | <input type="checkbox"/> Cephalosporins |
| <input type="checkbox"/> Codeine    | <input type="checkbox"/> Erythromycin        | <input type="checkbox"/> Penicillin  | <input type="checkbox"/> Sulfa Drugs    |
| <input type="checkbox"/> Dyes       | <input type="checkbox"/> Tetracycline        | <input type="checkbox"/> Other _____ |   |

### Ten medication questions for your doctor, pharmacist or other health care professional. ~ Your Health and Well Being are Important ~

1. What's the name of the medication and what is it supposed to do?
2. How and when do I take it?
3. How long should I continue to take it?
4. Do I need to take it with or without food?
5. What foods, drinks, medicines, dietary supplements or activities should I avoid while taking it?
6. When should I expect it to begin to work and how will I know if it's working?
7. What should I do if I forget to take a dose?
8. Will this new prescription work safely with other prescription and non-prescription medicines I take?
9. What are the possible side effects and what do I do if they occur?
10. Will any testing or monitoring be required?