

My medicines list

Name:

Allergies:

Date:

GP's Name:

Usual pharmacy:



My prescription medicines including puffers, creams and drops.

Medicine name(s)	Strength	Medication times & dose					What is it for?	Questions and comments
		Waking	B/fast	Lunch	Dinner	Bed		

Talk with your doctor, nurse or pharmacist before stopping any medicines. Copy this sheet if you need a second page or download one from www.hn.org.nz/takecharge

