Knowing My Medicines is a list of all medicines including supplements, herbal remedies, eye/ear drops, inhalers, injections, nebulisers, oxygen, creams and patches you take or apply and some of their details.

Please fill in the Knowing My Medicines information inside this leaflet.

This is your record of your medicines. Please keep this document safe and bring it with you when coming to Mayo University Hospital or attending any health-care appointment. If you become ill, you or a family member/carer can bring this record to hospital or to your family doctor.

Please keep your medicines in their original container, because:

- the labels contain important information
- we will need to be able to identify them
- they may deteriorate if unpacked

Keep all your medications at room temperature, except those that need to be kept in the fridge.

Keep all medications safely **LOCKED** away where **CHILDREN** cannot reach them: your medications could **HARM** them, if accidentally taken.

Do not share your medications with anyone else: they have been prescribed for YOU individually, based on YOUR needs.

Ask about disposal of unwanted medicines at your local retail pharmacy"

Your medicines list will help hospital staff treat you safely.

Funded by Nursing Midwifery Planning and Development Unit

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IMPORTANT

To fill out Knowing My Medicines you need all your medicines in front of you including prescribed, non-prescribed and over the counter medicines.

If you don't know what medicines you take or you need help filling out Knowing My Medicines ask your retail pharmacist who can give you an up to date list. Your doctor, friend or relative can be asked to help also.

Take your medicines exactly as directed by your doctor or as instructed on the label. This is important for them to work properly.

If you experience any side-effects which you think may be caused by your medication, please tell your doctor or pharmacist.



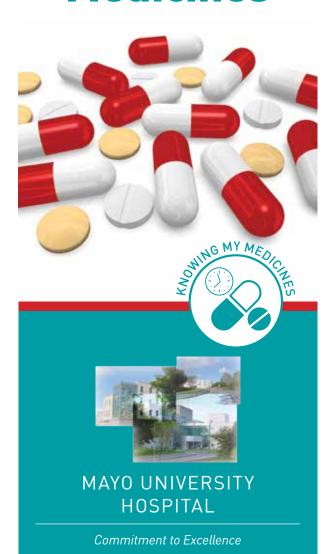
Mayo University Hospital is committed to the World Health Organisation (WHO) Medication without Harm Campaign. We want our patients and staff to improve communication about medications.

Please note that although every effort is been made to help you keep this Knowing My Medicines leaflet up to date, it is the responsibility of you the patient to ensure it is accurate. MUH or its employees, retail pharmacists, or your doctor cannot be held responsible for any errors or omissions.

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Information for patients and families

Knowing My Medicines



MY DETAILS

Name:		My Family Doctor:			My Pharmacy is:		
Date of Birth:		My Family Doctor Phone No.:			My Pharmacy Phone No.:		
Next of Kin:					Phone No.:		
The medicine	I am allergic / sensitive to and how I react:	Other allergies / sensitivi	ties and how I react:	Chronic(lo	ong term) Health Co	nditions:	Date I filled out this form:

Name of Medicine and strength	Why I take it	How much medicine I take and when I take it			Additional Information		
		every day	morning	afternoon	evening	night	
e.g. Name of tablet 25mg	e.g. For my heart	e.g. Yes/No	1	0	0	1	e.g. new drug, unchanged, increased dose, decreased dose, stopped.