

| My pharmacy's name:     |
|-------------------------|
| Phone number:           |
| My GP:                  |
| Phone number:           |
| Emergency contact name: |
| Phone number:           |
| My health care number:  |

### What is My Medicines List?

My Medicines List is a list of all the medicines and supplements you take.

# Why should I use it?

Keeping an up-to-date list can help you know your medicines. It can also help you when discussing your medicines with a healthcare professional.

#### How should I fill it in?

To fill out My Medicines List, you need all your medicines in front of you. Carefully list everything prescribed by your GP. Include things like inhalers, eye-drops, injections and creams if you use them. You can also add other medicines or supplements you are taking, for example, medicines you have bought, vitamins, minerals, herbal or alternative medicines.

#### How should I use it?

Keep your list up-to-date. Bring it with you when attending any healthcare appointment. You may find it useful to keep a photo of your My Medicines List on your phone.

# How can I get another form?

To get another copy, you can print from https://online.hscni.net/know-check-ask or ask for one at your local pharmacy.

Questions about your medicines? Talk to your pharmacist, nurse or doctor.

Information for people who take medicines and their families

# My Medicines List







# MY MEDICINES My allergies and how I react:

Name: Date of birth: Date I filled out this form:

| Name of medicine or supplement | Strength | How<br>much do<br>I take | I take it           | I take it<br>every day<br>(Yes / No) | Why I take it | My notes       |
|--------------------------------|----------|--------------------------|---------------------|--------------------------------------|---------------|----------------|
| Example: ABC tablets           | 25mg     | 2 tablets                | Once in the morning | Yes                                  | For my heart  | Take with food |
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Not taking it anymore? Put a line through it. Always read the label on your medicines as well as checking your list. This document belongs to the person named above. If taking a copy, please return the original to the person.

