Medicine Report

Doctor:_____ Phone: _____

fax: _____ Exchange Number (after hours): _____

- Tell the doctor if you are having any trouble giving the medicine or if the person refuses to take their medicine.
- Tell the doctor if your family member is having any side effects and how long they have lasted.
- Show the doctor your record of injection sites.
- Call the doctor about signs of allergic reaction: rash, swelling around the lips, eyes or face, difficulty breathing, wheezing or shortness of breath after giving a medicine.
- Inform the doctor if a lump develops near an injection site with redness, pain, and/or drainage.

Person is allergic to:	Usual type of reaction

Current Medicines

Date ordered	Medicine Name (prescribed and over the counter)	How Much? (Dose)	When Taken	What is medicine for?	Date Stopped

Date: _____

Medicine Given: _____

Problem/ Change in condition: _____

_____

_____

Questions to ask doctor:

_____

_____

_____

Take this form with you to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc).

Update the form as changes are made to the person's medicines. If a medicine is stopped, draw a line through it and record the date it was stopped.