My current medications

Keep one clear list and bring it to every healthcare visit



Include prescribed medicines, medicines you buy, inhalers, creams, injections, vitamins and herbal products.

How to fill in your list

- Copy the name, strength and formulation from the label. Write the amount you take, how you take it and the exact times or days. For a weekly medicine, write the weekday clearly.
- For an as-needed medicine, record what it is for, the minimum gap between doses and the maximum allowed, using your prescription or pharmacist's advice.
- Separate strength from dose: the amount in each tablet or mL is not necessarily the amount you take. Do not guess missing information; ask your pharmacist.
- Update the date whenever treatment changes. Cross out stopped medicines and write the stop date, or print a fresh sheet. Keep older sheets separately so they are not mistaken for your current list.
- Use the latest anticoagulation plan for variable warfarin doses and the current diabetes plan for variable insulin. This list does not replace either plan.

Name / date of birth:

Last updated / completed by:

Allergies and what reaction occurred (write NONE KNOWN if appropriate):

Preferred pharmacy / contact:

Ask a clinician or pharmacist to check the list after a hospital discharge or treatment change. Keep it private and carry a copy when attending appointments.

Sources and further reading

Guy's and St Thomas' NHS: managing medicines
https://www.guysandstthomas.nhs.uk/health-information/medicines-and-how-to-manage-them

My medication list

Record sheet 1 of 2 - print more sheets if needed

Name: **List updated on:**

Write only your current treatment. Use the exact label and check uncertainties with your pharmacist.

MEDICINE 1

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 2

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 3

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 4

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

Patient / carer record. This is not a prescription. Do not start, stop or change treatment using this blank form alone.

My medication list

Record sheet 2 of 2 - print more sheets if needed

Name: **List updated on:**

Write only your current treatment. Use the exact label and check uncertainties with your pharmacist.

MEDICINE 5

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 6

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 7

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

MEDICINE 8

Name / strength / form: _____

Amount taken / route: _____

Times / days / as-needed limit: _____

Reason / prescriber / notes: _____

Patient / carer record. This is not a prescription. Do not start, stop or change treatment using this blank form alone.