

How to use the Medication List (MedList)

It's important to bring this **MedList** to all your healthcare visits. Having all your medications listed in one place helps your doctor, pharmacist, and other healthcare providers take better care of you. This **MedList** helps you keep track of what you're taking to keep healthy, such as prescriptions, vitamins, over-the-counter medicine, herbs, and supplements.

To get a **MedList** for your phone or computer visit www.albertahealthservices.ca/medlist

If you need help filling out the **MedList**, ask your family, a friend, or a healthcare provider to help you.

- Before filling in the list, gather all the medication you take (such as pills, patches, inhalers, eye/ear/nose drops, creams, ointments, and samples the doctor gave you). Be sure to include over-the-counter medicine, vitamins, minerals, herbal products, and recreational drugs (example: alcohol or marijuana).
- Write down the following for each medication:
 - The name (example: Tylenol®/acetaminophen).
 - The dose or strength (example: 500 mg or 1000 Units).
 - How much (example: 1 pill, 3 drops, or 2 puffs).
 - How often and when (example: in the morning and/or evening. If it's not listed, write how often or when in *Additional Information*).
 - Why you take it (example: for arthritis).
 - Additional information, such as take it with or without food, or who prescribed it (example: family doctor, specialist, naturopath).
 - The date it was prescribed.

Here's an example:

Name of Medication	Dose/Strength	How Much	How Often and When					Why I Take It	Additional Information	Date
			Morning	Afternoon	Evening	Bedtime	As Needed			
atorvastatin	20 mg	1 pill				✓		lower cholesterol	Dr. Goodheart	09-Jan-2015

- Keep this list handy at all times, such as in your wallet or purse, so that you can share it with your healthcare provider when you have an appointment, test, or go to the hospital.

Remember:

- Update the **MedList** when there's a change to your medication, such as stopping it, changing the dose, or starting a new one. Cross out the medication when you stop taking it, and write the date you stopped taking it.
- Speak with your doctor or pharmacist if you have questions about the medication you take.

Once both pages are completed please print the document double sided, as this document only allows you to fill and print.



First and Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Health Number	Address		City	Province	Postal Code
Emergency Contact Name		Phone	Secondary Emergency Contact Name		Phone
Family Doctor's Name		Phone	Pharmacy Name		Phone
Specialist/Doctor's Name		Phone	Specialist/Doctor's Name		Phone
Benefits/Medical Plan Name and # (e.g. Alberta Blue Cross)					
Medical History					
<input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Other medical history: _____ <input type="checkbox"/> Heart conditions <input type="checkbox"/> Breathing problems					
Allergies (The following is a list of medications I am allergic to, and what happens when I take them)					
<input type="checkbox"/> No medication allergies List: _____					



List all the medications you take, such as pills, patches, inhalers, eye/ear/nose drops, creams, ointments, and samples the doctor gave you. Be sure to include over-the-counter medicine, vitamins, minerals, herbal products, and recreational drugs (example: alcohol or marijuana). **For your MedList to work, it's important to keep it up to date: use the date column to indicate when old medications were stopped and new ones added!**

This list belongs to _____

Created on _____

Name of Medication <i>(example: atorvastatin)</i>	Dose/ Strength <i>(20 mg)</i>	How Much <i>(1 pill)</i>	How Often/When					Why I Take It <i>(to lower cholesterol)</i>	Additional Information <i>(Take with or without food; Prescribed by Dr. Goodheart)</i>	Date <i>(started or stopped)</i>
			Morning	Afternoon	Evening	Bedtime	As Needed			