

## Questions to Ask

- > What is the name of the medication and what is it for?
- > How and when should I take it and how much should I take?
- > What should I do if I miss a dose?
- > When and how should I stop taking it?
- > Will it interact with other prescription or over-the-counter medications, herbal, or vitamins that I take?
- > Should it be taken with food? What food or drinks should I avoid while taking this medication?
- > What are the side effects and what should I do if I experience them?

*Remember to review and update your medication card!*

PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Physician and Pharmacy Contacts

# MEDICATION CARD

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

**MENTAL HEALTH** Minnesota  
*The Voice of Recovery*  
[www.mentalhealthmn.org](http://www.mentalhealthmn.org)

**Bring this card when you see a physician including your primary doctor or any type of emergency care.**

<b>Start Date of Medication</b> <i>Example: 7/05/10</i>	<b>Name of Medication and Strength</b> <i>Example: citalopram, 20mg</i>	<b>Dose</b> How many pills, units, drops, puffs? <i>Example: 1 pill</i>	<b>When do you take it?</b> How many times a day? Morning and/or night? After or with meals? <i>Example: 1x day, morning</i>	<b>Purpose of Medication</b> <i>Example: Depression</i>
<b>What medications should I include?</b>	<b>Allergies and Reactions:</b>		<b>Adult Immunizations (LAST DATE)</b>	
<ul style="list-style-type: none"> <li>&gt; Prescription drugs</li> <li>&gt; Over-the-counter medicines</li> <li>&gt; Dietary/herbal remedies</li> <li>&gt; Respiratory therapy medication</li> <li>&gt; Vitamins or minerals</li> </ul>			Pneumonia: Tetanus: Hepatitis: Flu:	