

My Medicines is a list of all of the medicines and supplements you take and some of their details.

Please fill in the My Medicines information inside this leaflet.

This is your record of your medicines. Please keep this document safe and bring it with you when coming to The Hermitage Medical Clinic or attending any healthcare appointment. If you become ill, you or a family member can bring this record to Hospital.

We also ask that you bring all of your medicines, in their original boxes and containers if you have them with you when coming to the Hospital.

Your medicines list will help hospital staff treat you safely.

IMPORTANT

To fill out **My Medicines** you need **all your medicines in front of you** including prescribed, non-prescribed and over the counter medicines. If you don't know what medicines you take or you need help filling out **My Medicines** ask your pharmacist, doctor, friend or relative to help you.



**PATIENT
INFORMATION
LEAFLET**

Know your Medicines



working together to improve safety

Leaflet Prepared:
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People Caring for People

Name:		My Family Doctor:		My Pharmacy is:	
Date of Birth:		My Family Doctor Phone No.:		My Pharmacy's Phone No.:	

The medicine I am allergic to

Other Allergies:

Date I filled out this form:

Name of Medicine	The strength	How much medicine I take each time	I take it	I take it everyday (Yes/No)	Why I take it?
ABC Tablets	25mg	2 tablets	Twice a day morning & evening	Yes	For my heart

