

My medication list & schedule

Blank working copy - review with your pharmacist or healthcare professional.

Name / identifier: _____

Last reviewed: _____

1. Medicine / product and strength:

Current professional instructions / source: _____

Confirmed days and times: _____

Question to clarify: _____

2. Medicine / product and strength:

Current professional instructions / source: _____

Confirmed days and times: _____

Question to clarify: _____

3. Medicine / product and strength:

Current professional instructions / source: _____

Confirmed days and times: _____

Question to clarify: _____

Copy confirmed information accurately. Leave uncertainties for your pharmacist to clarify. Keep professional instructions available; this worksheet does not replace them.

My dated personal record

For explicit personal entries. This is not an administration chart.

Name / identifier: _____

Date these entries concern: _____

Medicine / reference	Scheduled entry	Explicit record / note	Recorded by / at

Questions or corrections (make changes clear):

A blank means no record is present. Entries can be incomplete, delayed or incorrect. The recording time does not prove administration time. If uncertain about a dose, contact your pharmacist or healthcare professional. Do not decide to take, repeat, omit or change a dose from this sheet.