Why do I need to fill out this form?

- We need a written list of all your medications and how you take them.
- Your healthcare team needs this to properly care for you during and following your hospital stay.

What can I do if I do not have this information with me?

- Call a family member or friend to bring your medications to you.
- Call your pharmacy for a list of your medications.
- Discuss your medications with your nurse or doctor.

What do I need to include?

- Include all the medications you take such as pills, inhalers, eye drops, patches, injections, creams, and so on.
- Also include the medications you buy over the counter such as herbal products and vitamins.
- How much of each you take.
- How often you take it.
- What allergies you have to medications and your reactions.

Please keep this list with your Health Card

Health PEI

Your Medication List

MEDICATION LIST

Please fill out this form.

Your name:

Your Medication Allergies	Reaction

Please list ALL your medications such as pills, inhalers, eye drops, patches, injections, creams, and so on. Also include any medications you buy over the counter such as herbal products and vitamins.

Your Pharmacy: Your Family Doctor:

Medication Name & Strength	Dose (How much do you take?)	Directions (How often do you take it?)

List reviewed/updated by (initial the actual change):

Print Name	Relationship	Date/Time

Additional Comments:

Please keep this form updated as your medications change.