

My medicines list

Name:

Allergies:

Date:

GP's Name:

Usual pharmacy:



My prescription medicines including puffers, creams and drops.

| Medicine name(s) | Strength | Medication times & dose | | | | | What is it for? | Questions and comments |
|------------------|----------|-------------------------|--------|-------|--------|-----|-----------------|------------------------|
| | | Waking | B/fast | Lunch | Dinner | Bed | | |
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Talk with your doctor, nurse or pharmacist before stopping any medicines. Copy this sheet if you need further pages, download from www.hn.org.nz/takecharge

Herbal remedies, supplements, vitamins or rongoā therapies can interact with some medicines you are taking so it's important to let your doctor or pharmacist know if you are using them.



Herbal remedies, supplements, vitamins or rongoā therapies.

| Name(s) | How many I take | When I take it | Why I take this | Other information |
|---------|-----------------|----------------|-----------------|-------------------|
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