# Medication List

**Alberta Health Services** | **HQCA** Health Quality Council of Alberta

## How to use the Medication List (MedList):

This list can help you and your family keep track of everything you take to keep you healthy—your pills, vitamins, and herbs. Having all your medications listed in one place helps your doctor, pharmacist, hospital, or other healthcare providers take better care of you. Start using the MedList today!

1. If you need help filling out the MedList, ask a family member, friend, or a healthcare provider to help you.
2. Before filling in the list, collect all the medications you take, including patches, inhalers, eye/ear/nose drops, creams, ointments, and samples of medication. Include anything you may take, such as: over-the-counter medication, vitamins, minerals, herbal products, or recreational drugs (for example, alcohol or marijuana).
3. Write down the following for each medication you take:
   a) The name (example: Tylenol®, also known as acetaminophen)
   b) The dose (example: 500 mg or 1000 IU)
   c) How much (example: 1 pill, 3 drops, or 2 puffs)
   d) How often and what time of day you take the medication (example: 1 pill a day, in the morning, or 1 time per week)
   e) Reason for taking the medication (example: arthritis)
   f) For any additional information, such as: who prescribed the medication (example: my family doctor).

### Here's an example:

| Name of medication | Dose | How much | How often and when | | | | | Why I take it | Additional Information |
|---|---|---|---|---|---|---|---|---|---|
| | | | Morning | Afternoon | Evening | Bedtime | As Needed | | |
| *Example: atorvastatin* | *20 mg* | *1 pill* | | | ✔ | | | *To lower cholesterol* | *Prescribed by Dr. Goodheart* |

4. Keep this list with you at all times. Keep it in your wallet or purse so it is available when you need it.
5. Take this list and share it when you visit the doctor, pharmacist, have a medical appointment or test, or have to go to the hospital.
6. Whenever you stop taking something, start taking something new, have a change in the strength or how much you take, be sure to update your MedList, including the date you make the changes.
7. Contact your doctor or pharmacist if you have any questions regarding the medications you are taking.

## Medication List (MedList) - credit card-sized version

Fill out the form below and on page 2 to create your MedList. Print this document with your printer set to '2 sided', to automatically align the form to the back, trim and fold, and keep this with you at all times.

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**Share your Medication List with all your healthcare providers. Keep it with you at all times.**

**Medication List**

**EMERGENCY RESPONSE INFORMATION**

Name:
_____

Address:
_____
_____

Date of Birth: (yyyy/mm/dd)
_____/_____/_____

Gender: _____ M _____ F

Alberta Personal Health Card #:
_____

Medical Plan #: (e.g., Alberta Blue Cross)
_____
_____
_____

Family Doctor's Name:
_____
_____

Phone: _____

Emergency Contact:
_____
_____

Phone: _____

Secondary Emergency Contact:
_____
_____

Phone: _____

Pharmacy Name:
_____

Pharmacy Phone:
_____

Medical History:
☐ diabetes
☐ high blood pressure
☐ heart disease
☐ breathing problems
☐ other medical problems (list below)
_____
_____
_____
_____
_____

My allergies to medications and what happens to me when I take these:
_____
_____
_____

List the medications you take on page 2.

*Adapted from "It's Safe to Ask Medication Card" Manitoba Institute for Patient Safety.*

**If it's on the list, it won't be missed**

**List all the medications you take.** Include patches, inhalers, eye/ear/nose drops, creams, and ointments. Also include over-the-counter medication, vitamins, minerals, herbal products, or recreational drugs (for example, alcohol or marijuana). **Keep your list up to date by crossing out the old medications and adding the new ones.**

**This list was updated:** _____/_____/_____
yyyy        mm        dd

| Name of medication | Dose | How much | How often and when | | | | | Why I take it | Additional Information |
|---|---|---|---|---|---|---|---|---|---|
| | | | Morning | Afternoon | Evening | Bedtime | As Needed | | |
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**If it's on the list, it won't be missed**