

## 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		
<i>Example: atorvastatin</i>	<i>20 mg</i>	<i>1 pill</i>			✓			<i>To lower cholesterol</i>	<i>Prescribed by Dr. Goodheart</i>

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

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

EMERGENCY RESPONSE INFORMATION

Name:

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Address:

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Date of Birth: (yyyy/mm/dd)

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Gender: \_\_\_\_ M \_\_\_\_ F

Alberta Personal Health Card #:

\_\_\_\_-\_\_\_\_-\_\_\_\_

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

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Family Doctor's Name:

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Phone: \_\_\_\_\_

Emergency Contact:

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Phone: \_\_\_\_\_

Secondary Emergency Contact:

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Phone: \_\_\_\_\_

Pharmacy Name:

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Pharmacy Number:

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Medical History:

- diabetes
- high blood pressure
- heart disease
- breathing problems
- other medical problems (list below)

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

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List the medications you take on page 3.

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

To find out more, visit [www.albertahealthservices.ca/medlist](http://www.albertahealthservices.ca/medlist) or call Health Link Alberta: **1-866-408-5465 (LINK)** toll-free.

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



