

Medication Review Worksheet

A discussion guide for health care professional-patient conversations about medication

Patient's Name: _____

Name of Medication: _____

This Medication is being taken for (list condition): _____

Required Dosage (i.e., how much medicine you should take): _____

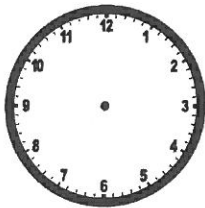
Circle day or days when you'll take this medication

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

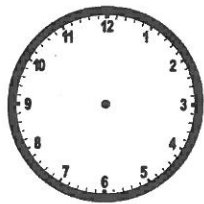
Indicate which part of the day you must take this medication

Morning Afternoon Early Evening Before Bed

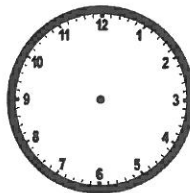
Show the time(s) when you must take this medication



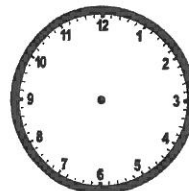
Morning



Afternoon



Early Evening



Before Bed

Check off what you must know about this medication

- Keep in refrigerator. Should be taken with food.
- Do not drive or operate machinery while taking this medicine.
- No alcoholic beverages while taking this medicine.
- Other instructions: _____

Circle the following side effects you've been instructed to watch for (The health care professional should describe each of the potential side effects in easily understood layman's terms.)

Drowsiness Nausea Shortness of Breath Palpitations Dizziness Diarrhea
Abdominal Pain Blurred Vision Headache Loss of Appetite Memory Loss