

# Make Notes & Take Notes

*Before, during, and after my doctor's visit*

## Helpful Steps to Avoid Medication Errors

### Before My Doctor's Visit

Date of visit \_\_\_\_\_

Doctor's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Reason for this visit \_\_\_\_\_

Symptoms/medical problem you are having \_\_\_\_\_

How long have you had this problem or symptoms? \_\_\_\_\_

Questions you want to ask the doctor about this problem or symptoms \_\_\_\_\_

**List below all of the prescription and non-prescription (OTC) medicines you are now taking.**

*(Show this list to your doctor during your visit)*

#### Prescription Medicines

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Over-the-Counter (nonprescription) Medicines and Vitamins / Minerals, Dietary / Herbal Supplements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### At the Doctor's Office

Record any diagnosis (name of the problem) your doctor gives you \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record the name and phone number of any other doctor that you should see about your medical problem

Name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Questions to Ask About Prescription Medicines

*(If my doctor prescribes medicine for me, here are some important questions to ask)*

1. What is the name of the medicine and what is it for? \_\_\_\_\_

brand name or the  generic name?

2. How and when do I take it—and for how long? \_\_\_\_\_

3. What side effects should I expect, and what should I do about them? \_\_\_\_\_

4. Should I take this medicine on an  empty stomach or  with food?  
Is it safe to drink alcohol with this medicine  
 yes or  no

5. If it's a once-a-day dose, is it best to take it in the  morning or  evening?

6. What foods, drinks, or activities should I avoid while taking this medicine? \_\_\_\_\_

7. Will this medicine work safely with any other medicines I am taking?  yes  no

8. When should I expect the medicine to begin to work, and how will I know if it is working?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any tests required with this medicine (for example, to check liver or kidney function)?  
\_\_\_\_\_  
\_\_\_\_\_

9. How should I store this medicine?  
\_\_\_\_\_  
\_\_\_\_\_

10. Is there any written information available about the medicine?

yes or  no?

Is it available in large print or a language other than English?  yes or  no?  
\_\_\_\_\_

### After My Doctor's Visit

Call your doctor immediately if you are having any problems with your treatment.

Call your doctor or pharmacist if you think you are having troubling side effects with any medicine prescribed or recommended for you.

Pharmacy \_\_\_\_\_  
Phone \_\_\_\_\_

Record the date and time for any scheduled blood tests, x-rays, or other medical tests ordered by your doctor

Test \_\_\_\_\_

Phone \_\_\_\_\_

Testing facility \_\_\_\_\_

Record the date and time of your next doctor's visit \_\_\_\_\_

**Keep up to date  
Use 1 sheet for each doctor you visit**

**EDUCATE** before   
**YOU MEDICATE**

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