

# Knowledge is the *best* medicine

KiBM



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## Medication Record

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## Personal Information

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

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

Provincial Health Card Number: \_\_\_\_\_

### Private Health Insurance:

Name : \_\_\_\_\_

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

Contract/Policy Number: \_\_\_\_\_

### Emergency Contact Information:

Name : \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

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

Blood Type : \_\_\_\_\_

## Allergies:

Type:	Allergic to:	Reaction:
Medications		
Food		
Environmental		

## Family Doctor:

Name : \_\_\_\_\_

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

Fax Number : \_\_\_\_\_

## Community Pharmacy:

Name : \_\_\_\_\_

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



## Immunization Record

Name: \_\_\_\_\_

Vaccinated For:	Brand Name of Vaccine	Date Given	Dose	Site	Route of Administration	Given by (Name and title of person administering vaccine)	Manufacturer	Lot Number
Tdap (tetanus, diphtheria with pertussis)								
Hepatitis A								
Hepatitis B								
HPV (human papilloma virus)								
Influenza								
Meningococcal								
MMR (measles, mumps, rubella)								
Pneumococcal								
Tdap (tetanus, diphtheria with pertussis)								
Varicella (chicken pox)								
Other								



Medication Schedule

Name: \_\_\_\_\_

Last Updated: \_\_\_\_\_

	What medication am I taking?	Why am I taking this medication?	What does the medication look like?	How and when am I taking this medication?	Who prescribed the medication?	Notes
Morning (breakfast)						
Midday (lunch)						
Evening (dinner)						
Bedtime						



Medication List

Name: \_\_\_\_\_

Last Updated: \_\_\_\_\_

What medication am I taking?	Why am I taking this medication?	What does the medication look like?	How often am I taking this medication?	Who prescribed the medication?	When did I start taking this medication?	Notes



Medication List

Name: \_\_\_\_\_

Last Updated: \_\_\_\_\_

Medication Name, dose, route, directions	Reason for taking	Prescribed by



As Needed Medication Record

Name: \_\_\_\_\_

Date	Time	Symptom	Name and Dose of Medication	Response to Medication



Pain Record

Name: \_\_\_\_\_

Date / Time	Pain Level (0-10)	Type of Pain	Associated Activity	Medication Name and Dose	Response to Medication





Blood Pressure Record

Name: \_\_\_\_\_

Date	Systolic (top number) mmHg	Diastolic (bottom number) mmHg



Cholesterol Record

Name: \_\_\_\_\_

Date	LDL	HDL	Total

**“Knowledge is the best medicine”****Your medicines: What you need to know**

- The name(s) of the medicine.
- Why you are taking it.
- When and how you should take it.
- The effect(s) (good or bad) the medicine will have on you.
- How long you should take the medicine for.
- Is it safe to use with the other medicines you are taking?

**Top Tips about taking your medicines safely**

- It is best to take your medicines according to the directions on the label.
- If directed, take your medicines at the same time each day. For example with breakfast, at bedtime etc.
- If you forget to take your medicine, do not assume you can double the dose. Call your pharmacist for information on the best course of action.
- Take your medicine for the full length of time you were instructed, even if you start to feel better.
- Do not share your prescription medicines with anyone and do not take anyone else's prescription medicines.
- Do not expect a new prescription with each medical visit.
- If possible, use the same pharmacy for all of your prescriptions.
- Before you use an over-the-counter medicine or natural health product, make sure it is safe to use with your prescription medicines.
- Tell your doctor, pharmacist or nurse if you have any allergies or have had a reaction to medications in the past.

**Top reasons for recording your medicines**

- Keeping an up-to-date record of your medicines helps you, your loved ones and your healthcare team members have complete information about your medicines.
- It is very important to record exactly how you take your medicines even if do not take them as directed by your health care professional.
- Having a medication list can also be helpful at times when you might not be able to talk or remember your medications, for example in an emergency.
- Medication records can help you to remember to take your medications each day at the right times.

Keep your medication record in a place that is easily seen and close to your medications.