Medication Safety for Older Adults

Use this form to record your prescription and non-prescription medicines, vitamins and supplements. Bring it to every doctor appointment. Share the location of this with a trusted family member or friend.

Medicine I take	Why I take it	How much I take	How often I take	When I take it	Who told me to take it and when
Ex: Lisinopril	*Ex: Blood Pressure*	*Ex: 20 mg*	*Ex: Daily*	*Ex: Bedtime*	*Ex: Dr. Davis, 9-1-17*