# 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* |
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Ohio Department of Aging

*Fostering sound public policy, research, and initiatives that benefit older Ohioans.*

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