



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**



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