

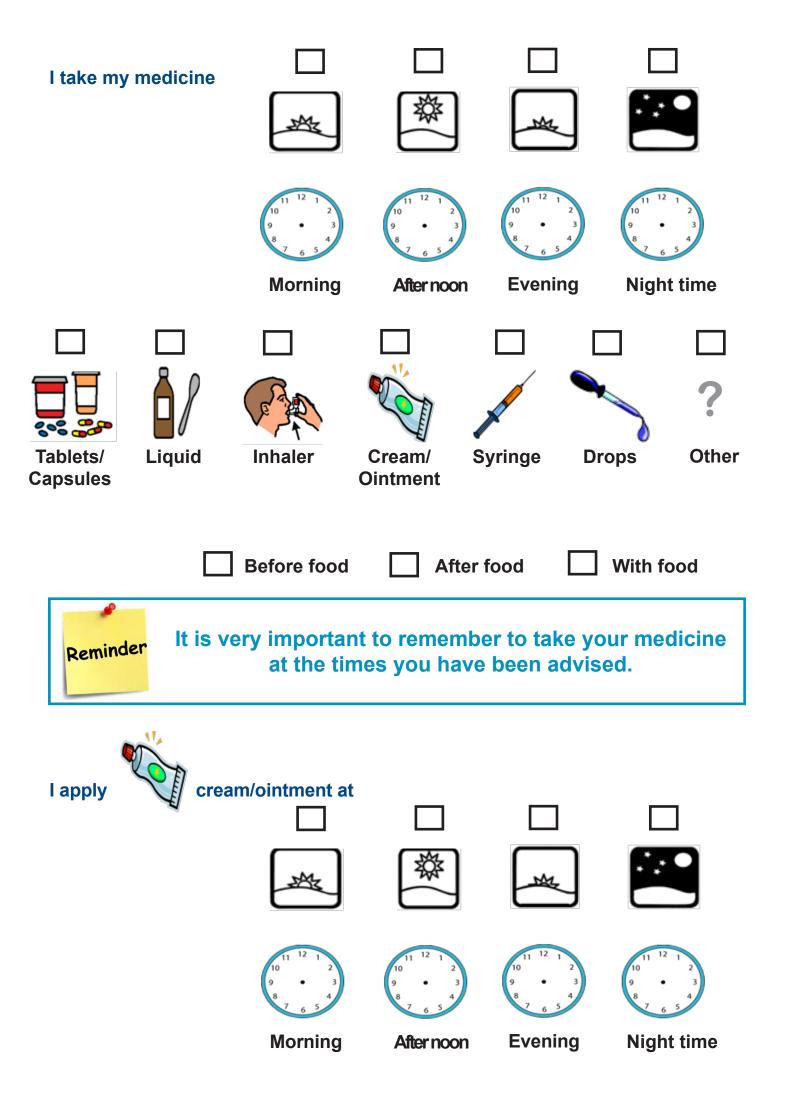




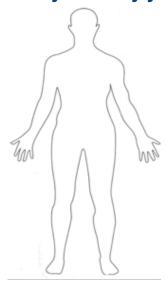
My Admission Medicine Form

Fill in this check list with help from your mum/dad or carer to tell the Hospital Staff what medicine you are taking when you are admitted to hospital.

My name	e is					
My medi	cine is					
						7
Tablets/ Capsules	∐ // Liquid	Inhaler	Cream/ Ointment	Syringe	Drops	Other (state below
I take my	/ medicine	for				
l keep m	y medicine	in the			;	
				Madiaira		
			Fridge	Medicine cupboard		



Colour in below to show where on your body you apply the cream/ointment.



If there is anything you would like to tell us about your visit to the hospital please:



speak to a member of staff.



visit our website at: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or tel. 0800 122 31 35.



tel. 01851 708069 or 07814 071868 on Monday to Friday between 9am-5.30pm.

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The content of this factsheet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.