





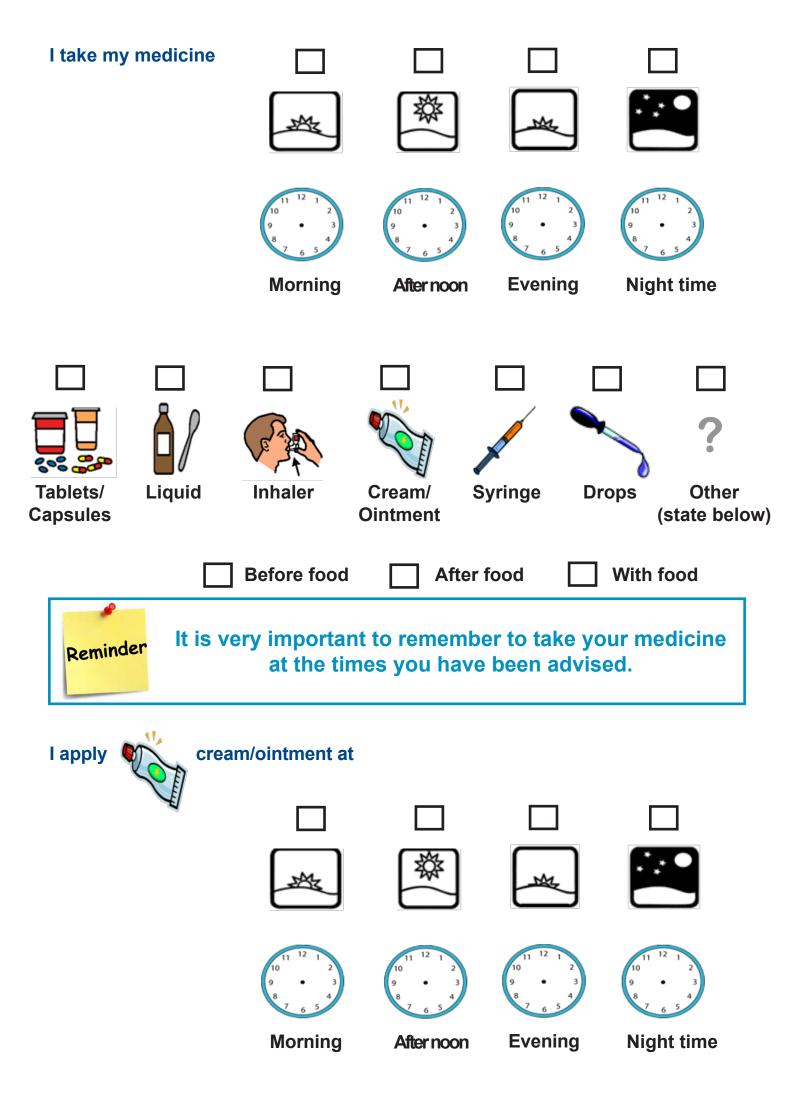
My Appointment Medicine Form

Fill in this check list with help from your mum/dad or carer to tell the doctor/ nurse what medicine you are taking when you are seen at the surgery.

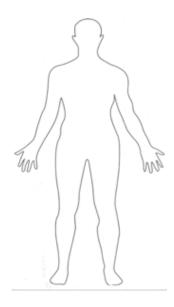
Please use a new form for each medicine. My name is My medicine is Tablets/ Liquid Inhaler **Syringe** Cream/ **Drops** Other (state below) **Capsules Ointment** I take my medicine for I keep my medicine in the

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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Disclaimer

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.