



My Medicine Form

Fill in this check list with help from your doctor or community pharmacist to help you understand more about your medicine and how to use it safely once you are at home.

Please use a new form for each medicine.

My name is

My medicine is



Tablets/
Capsules



Liquid



Inhaler



Cream/
Ointment



Syringe



Drops



Other
(state below)

.....

I take my medicine for

.....
.....

I keep my medicine in the

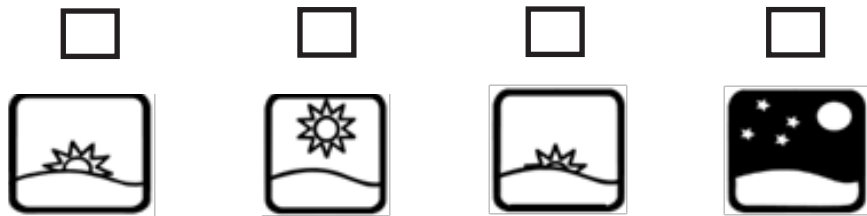


Fridge



Medicine cupboard

I take my medicine

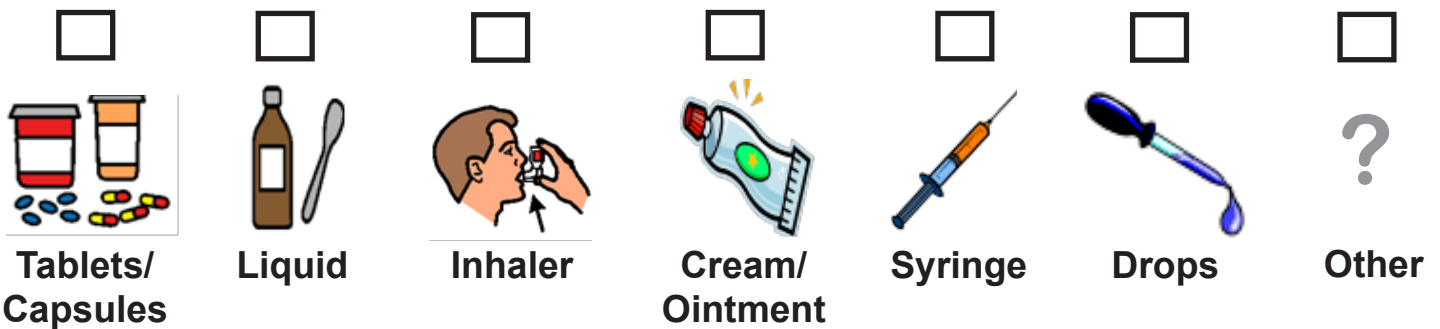


Morning

Afternoon

Evening

Night time



Before food

After food

With food

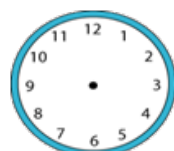
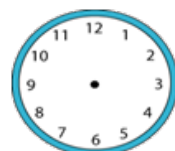
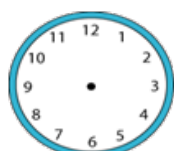
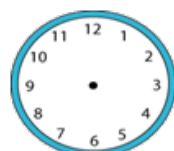
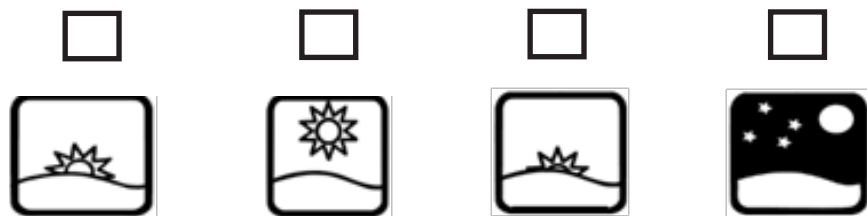
Reminder

It is very important to remember to take your medicine at the times you have been advised.

I apply



cream/ointment at



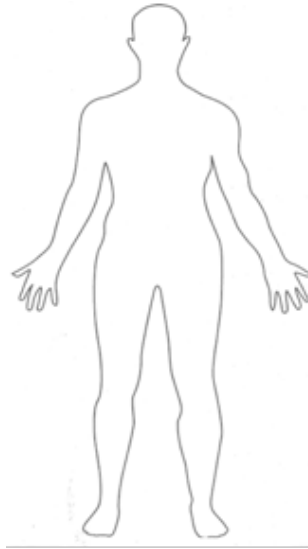
Morning

Afternoon

Evening

Night time

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.**

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.