

EDUCATE BEFORE YOU MEDICATE

How to Use your “Educate Before You Medicate” Medication Record

This educational handout is designed to accompany the “Educate Before You Medicate” medication record.

The “Educate Before You Medicate” medication record is designed to assist you in keeping track of all your prescription and non-prescription medicines including vitamins, herbal supplements, and over-the-counter medicines. Please keep the card in your wallet and remember to show the card to your healthcare provider, dentist, and/or pharmacist each time you visit. It is important to keep the medication record up-to-date by filling in a new record when your current record becomes outdated.

Go to www.ca.uky.edu/HEEL for more information on health issues in Kentucky.

<p>Medical Information</p> <p>Doctor: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>Doctor: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>Dentist: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>Pharmacy: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p>	<p>Medical Information</p> <p>Name: _____</p> <p>_____</p> <p>Allergies (Food & Drug): _____</p> <p>_____</p> <p>Health Insurance: _____</p> <p>_____</p> <p>Member #: _____</p> <p>_____</p> <p>Group #: _____</p> <p>_____</p> <p>Emergency Contact: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p>
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Please keep this card in your wallet. Be sure to keep your medication record up-to-date. Remember to show the card to your healthcare provider, dentist and/or pharmacist.

For more information please log on to:
www.ca.uky.edu/HEEL

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MEDICATION RECORD FOR

My Name: _____

EDUCATE before you MEDICATE

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Please Note:
Actual record larger than this example.

Write your name on the front of the card.

Write all of your medical information on the card, so that healthcare providers will know who your current physician is and who to contact in case of an emergency.

List the **Drug Name** and **Strength** for each medicine on the record.

Please date the card each time you update your medication record.

Please Note:
Actual record larger than this example.

Over-the-Counter Medicines
(check all that you use regularly)

- Allergy Relief Medicine _____
- Antacids _____
- Pain or Headache Medicine _____
(Aspirin, Tylenol® or other)
- Cold or Cough Medicine _____
- Diet Pills _____
- Laxatives _____
- Herbal Supplements _____
- Food Supplements (ex. Ensure®) _____
- Sleeping Pills _____
- Vitamins _____
- Other (list below): _____

Current Prescription Information as of _____ (month/day/year)

EXAMPLE: Drug and Strength: Drug ABC, 25 mg	When/How to Take & Reason for Use: 1 capsule, 2x daily by mouth on empty stomach for Blood Pressure
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

It is important to list all prescription and non-prescription medicines you take including vitamins, herbal supplements, and over-the-counter medicines to help prevent unsafe combinations of medicines.

List when and how you take the medicine as well as the reason for use. It is important to let your healthcare provider know why you take each particular medicine.

Your medication record provides space for up to ten different medicines. If you take more than ten medicines, please fill in another card.

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