	<del></del>
ьрэкшэсу:	
:Phone:	
Name:	(e.g., asthma, diabetes, high blood pressure, etc.)
	sisongaib\snoitionos lasibaM
Name:	
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Doctors:	
	Allergies:
Лате:	My Blood Type:
Emergency Contact:	
	Other(s):
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City, State, Zip:	
Address:	:sinomuən٩
лаme:	Date of most recent immunizations:

**Get all of your prescriptions filled at the same pharmacy.** Developing a relationship with your
pharmacist will help them to identify drug interactions.

- Request large-print labels if you need them.
- Check new and re-filled medication labels carefully before you leave the pharmacy.

## Ask the right questions about your prescriptions:

- What is the name of the medication and what is it supposed to do?
- How and when do I take it—and for how long?
- What food, drinks, other medications, vitamins or minerals, or activities should I avoid while taking this medication?
- Are there any side effects, and what should I do if they occur?
- Will this new prescription work safely with the other prescription and non-prescription medicines I'm taking?
- What should I do if I miss a dose?
- What's the best way to store this medication?

## Medication Tracking Card



## OFF BALANCE? CHECK YOUR MEDS

At least once per year, ask your doctor or pharmacist to review your medications.

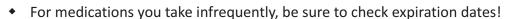
Fill out this handy tracking card and keep it with you.



Injury Prevention Program 1101 West College Avenue Spokane, WA 99201-2095 509.324.1530 | TDD 324.1464 www.srhd.org

## My Medications

Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicine, vitamins, and herbal remedies at least once a year.



- Taking four or more medications increases your risk for a fall.
- Pay particular attention to side effects, such as drowsiness, dizziness or weakness, when you start a new medication or change your dose.

Name of Medication	Chuanath	Frequency once twice 3 times at					Chart	F1
	Strength or dose	once a day	twice a day	3 times a day	at night	Reason	Start date	End date