

**Pharmacy Tel: 01 2214518 Fax: 01 2213790**

**My Medication List**

Community pharmacy	
Address	
Telephone	

NAME:	MRN:
AFFIX PATIENT LABEL HERE	

- Remember, your community pharmacy is an excellent source of any kind of INFORMATION about your medications.
- Take your medicines EXACTLY AS DIRECTED by your doctor or as instructed on the label. This is important for them to work properly.
- If you experience any SIDE-EFFECTS which you think may be caused by your medication, please tell the doctor.
- Keep your medicines in their original labelled containers because
  - they may deteriorate if unpacked
  - the labels contain important instructions
  - we may need to be able to identify them.
- Keep all your medications at room temperature, except those that need to be kept in the fridge.
- Keep all your medications safely LOCKED away where CHILDREN cannot reach them: your medications could HARM them, if accidentally taken.
- Do not share your medications with anyone else: they have been prescribed for YOU individually, based on YOUR needs.

**This list should be maintained by the patient and brought into hospital for all attendances. Do NOT file original in patient's Healthcare Record.**

If you find this card, please contact me at \_\_\_\_\_

Dear Patient,

When you attend St Vincent's University Hospital, it is important that our doctors and other healthcare workers know exactly which medications you are taking. This will improve your MEDICATION SAFETY by avoiding any potential confusion or errors about your medication.

Please take the time to complete this form. If you are unsure of all of your medications, your COMMUNITY PHARMACIST or your GP are the best people to help you. If the form is not big enough, ask them to copy it before filling it in, or download a blank form from <https://www.stvincents.ie/departments/pharmacy/>  
See overleaf for a list of the kind of items you should include.\*

Try to update this list each time you are to attend the hospital. There is lots of space for extra information. Cross out any medications that you no longer use. If you are to be admitted, bring this list and bring all of your medications in with you, in their original labelled containers.

If you attend a particular community pharmacy, please write their name, address and contact details on the back. This will allow us to clarify any issues that might arise. Ask them for any information booklets they might have about knowing your medicines or about medication safety.

Thank-you for helping us with this important PATIENT SAFETY initiative.

*Please list your medications overleaf*

