

QUESTIONS FOR MY DOCTOR OR PHARMACIST:

1. Please check my current medications list on reverse. Will this new medicine interact with other medicines I use?
 2. What does this medicine do and how should I use it?
 3. Are any side effects likely? Should I expect to feel any different while taking this medicine? What can I do to reduce the chance of side effects?
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4. When should the medicine be reviewed or stopped?

5. May I increase or decrease the dose? If so, under what circumstances?

6. What exactly does "as needed" mean?

7. May I ever change dosage times, or skip days? If so, under what circumstances?

8. What should I do if I miss a dose?

9. What food, drink, activity or storage might affect how well this medicine works?

10. Is it OK to lie down after taking this medication?

11. Is a Physician's Insert available for this drug? (If so, ask for and hold on to this reference in case any uncommon side effects emerge.)

IF YOU HAVE TROUBLE READING YOUR MEDICATION LABEL ASK YOUR DOCTOR TO REQUEST THAT THE PHARMACIST PRINT THE DIRECTIONS IN LARGE TYPE.

For more information call the Fall Prevention Program of Contra Costa county (925)937-8311 ext 110
Tip Sheet adapted by the Senior Injury Prevention Program of Alameda County (S.I.P.P.S). For more information on Fall Prevention in Alameda County visit www.ebdir.net/sipp/

Name _____

CURRENT MEDICATIONS LIST

Be sure to include over the counter medications and herbal remedies

Medication	Dosage	Number of Pills per dose	Reason for Taking	When to Take	Tape pill here or add comments