

**CURRENT MEDICATION LIST, continued**

Medication Name	Dose	How Often	Reason for Medication	Date Started

# Taking Your Medication Safely

The medications you take are an important part of your health care. These medication tips will help you take your medication safely and effectively.

**KNOW YOUR MEDICATION**

- Name
- Purpose
- How to take
- How often
- How much
- How long

**KEEP A LIST OF YOUR ALLERGIES AND YOUR REACTIONS TO:**

- Medications
- Foods
- Latex
- Dyes

**KEEP A LIST OF YOUR MEDICATIONS**

- Prescription
- Herbal
- Over-the-counter
- Dietary Supplements

**KNOW THE SIDE EFFECTS OF YOUR MEDICATION INTERACTIONS**

- Consult with your physician, pharmacist, or healthcare provider on when to avoid: alcohol, food, dietary supplements.
- Take on an empty stomach means one hour before meals or two hours after meals.
- Fill all of your prescriptions at the same pharmacy so they can check for interactions with your other prescriptions.



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**TALK WITH YOUR DOCTOR,  
PHARMACIST, OR OTHER  
HEALTHCARE PROFESSIONAL IF YOU  
HAVE ANY OF THE FOLLOWING:**

- If you are not tolerating your medication.
- If you plan or become pregnant or are nursing a baby.
- If you have any questions.

**TRAVEL TIPS**

- Be sure you have enough medications to last your entire trip.
- Keep your medications in your carry-on bag.

**GENERAL TIPS**

- Read all labels - follow directions.
- Keep medications in their original containers, except when you place them in a medication organizer.
- Develop a routine - take medications at the same time each day.
- Don't share your medications with others.
- Store medications in a cool, dry place, away from direct sunlight and humidity (avoid the bathroom). Only refrigerate if label indicates.
- Never stop taking your medications unless directed by your doctor.

**CURRENT MEDICATION LIST:**

We encourage you to complete this medication card, carry it with you at all times and keep it updated.



Patient's Full Name	Physician Name/Phone Number						
Insurance Plan/ID#	Pharmacy Name/Phone Number						
Allergies: Medication/Food/Other (Latex, Dye)	Type of Reaction						
Medication Name	Dose	How Often	Reason for Medication	Date Started			