

# Be Medicine Safe!

## Take an ACTIVE Role in Your Health Care

### Tips and Resources for Medication Safety

#### ASK

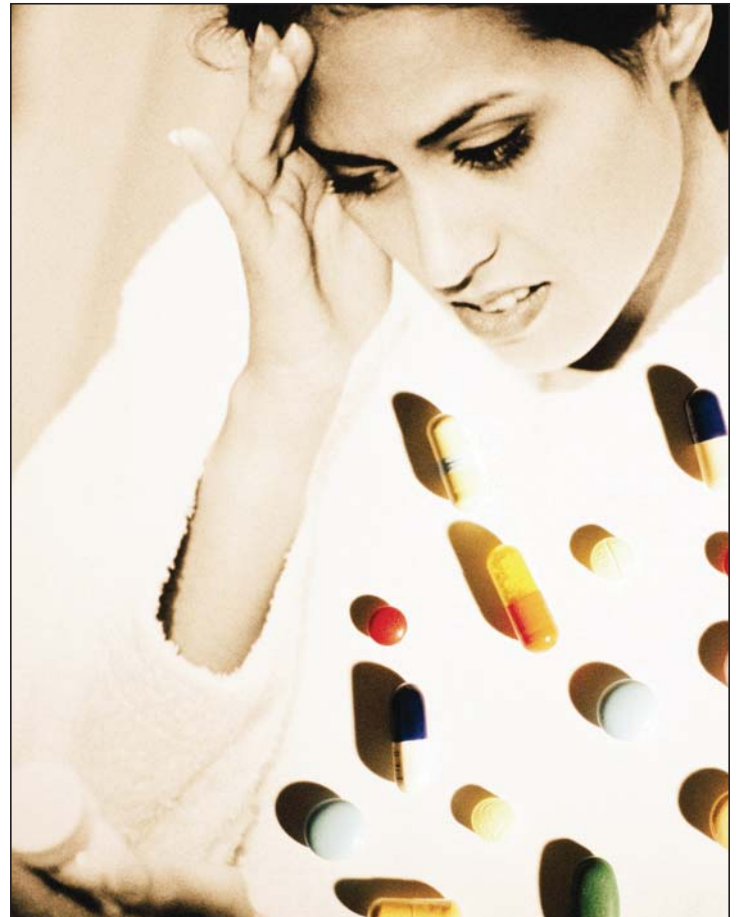
- About your medicines – how and when to take them, possible side effects and drug interactions

#### CHECK

- To make sure that the medicine you receive is what you thought your doctor or other healthcare professional ordered

#### TELL

- Your doctor or other healthcare professionals about ALL the medicines you take and about any concerns you have about your medicines or your health



## Resources Available to Help You!

- *My Medicine List*

Use this form to keep track of your medicines and to communicate with your doctor and pharmacist.

- *What You Need to Know about Your Medicine: Tips for Medication Safety*

Read this brochure to learn about things you can do at home, in the hospital, at the drugstore, and at the doctor's office to help you stay safe.

**MY MEDICINE LIST**  
Fill this form and keep it in your wallet or purse  
See the next page for tips on using this form

**PERSONAL INFORMATION**      **DATE FORM STARTED:**

Name: \_\_\_\_\_ Primary Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Doctor(s): \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Primary Pharmacy: \_\_\_\_\_  
Emergency Contact (name/phone number): \_\_\_\_\_ Other Pharmacy(s): \_\_\_\_\_

**LIST ALL DRUGS AND ANTIDOTES FOR THE COUNTER MEDICINES, HERBAL MEDICINES, AND VITAMINS YOU TAKE**

Allergies to Medicine		Over-the-Counter Medicines (examples: aspirin, antacids)		Herbal Medicines and Vitamins (examples: ginseng, ginkgo, echinacea)	
Allergic to:	Describe allergic reaction:	Name:	Dose and frequency:	Name:	Dose and frequency:

**LIST ALL PRESCRIPTION MEDICINES YOU CURRENTLY TAKE**

Date started	Name of Medicine	Directions for taking (dose, how often)			What time of day do you take the medicine?	Why are you taking this medicine?	Date stopped or changed?	Name of doctor who ordered the medicine
		How often	How long	How often	At what time	Diagnosis	Comments	

Additional forms and additional pages for this form are available at [www.mocps.org](http://www.mocps.org) or by calling 1-888-735-6776

**Be Active In Your Health Care**  
Ask, Check, Tell!

Ask your doctor, healthcare professional or pharmacist about:

- Your medicine
- Possible side effects of the medicine
- What to do if you experience a side effect
- Possible interactions with other medicines you are taking
- What to do if you miss a dose or take an incorrect dose
- If you need laboratory tests you might need to ensure have well the medicine is working
- Written information about the medicine that you can read at home

**Check to make sure that:**

- The medicine you get at the pharmacy is the medicine that was ordered for you
- You know how to take your medicines (how much to take, when to take it and how to take it)
- Medicine ordered online is from a pharmacy that is licensed by the state in Missouri visit [www.mo.gov/pharmacy.asp](http://www.mo.gov/pharmacy.asp). More information about online pharmacies is available at [www.fda.gov/oc/onlinepharm.asp](http://www.fda.gov/oc/onlinepharm.asp)

**Tell your doctor, healthcare professional, or pharmacist about:**

- All medicines you take, prescriptions, over-the-counter and herbal medicines and vitamins
- Allergies you have and side effects you have had from medicines
- About problems or concerns you have with your medicine
- If you are pregnant - so avoid risks to your baby from some medicines

**THANK YOU TO...**

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**What You Need to Know about Your Medicine**  
TIPS FOR MEDICATION SAFETY

**Center for Patient Safety**  
200 N. Keller St.  
Columbia, MO 65201  
Phone: 573-437-4300  
Fax: 573-437-4330  
1-888-735-6776  
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[www.mocps.org](http://www.mocps.org)



These and other resources available from the Missouri Center for Patient Safety at [www.mocps.org](http://www.mocps.org) or by calling 1-888-935-8272