

Recommended To-Do List

Prepared on: <date>

You can get the best results from your medications by completing the items on this "**To-Do List.**"



Bring your To-Do List when you go to your doctor. And, share it with your family or caregivers.

My To-Do List:

What we talked about: <summary of discussion>	What I should do: <input type="checkbox"/> <action item>
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What we talked about: <summary of discussion>	What I should do: <input type="checkbox"/> <action item>
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What we talked about: <summary of discussion>	What I should do: <input type="checkbox"/> <action item>
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Medication List

Prepared on: <date>



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
< generic name and brand name, strength, and dosage form for current/active medications >	< regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate >	< indication or intended medical use>	<Prescriber Name and title>

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Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

! Allergies:
 <allergy information>

! Side effects I have had:

<side effects information>

! Other Information:
[optional information]



My notes and questions:

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