



## PATIENT INFORMATION

### What are 'medicines'?

When we use the word here, it includes things such as:

- Over-the-counter medicines, like painkillers
- Creams and ointments
- Inhalers or other devices
- Vitamins, herbal products or other supplements from the pharmacy, health shop or supermarket.

### How do you take your medicines?

This leaflet is designed to help you to understand your medicines better. The chart overleaf is designed to remind you when and how much to take. It is only meant for medicines that you take regularly. There is no need to write down anything you only have occasionally (such as a headache tablet).

Please show the chart to anyone who prescribes for you. Take this with you when you discuss any medicines with a health professional such as a GP, pharmacist or dentist. If your medicine is changed in any way then make sure that it is noted on the chart.

If you go into hospital take this leaflet with you and show it to the person looking after you.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

GP Surgery \_\_\_\_\_

GP Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_

If you have any questions about your medicines, please contact your GP, pharmacist or call the hospital Medicines Information line during office hours on ☎ **(01803) 655304**. If your call is out of hours, please call NHS direct on ☎ 0845 4647 or call **999** in an emergency.

### Side Effects:

Some medicines may have unwanted effects. Many are minor, harmless or short-lived. If you experience effects which are particularly troublesome or persistent, contact your doctor, nurse or pharmacist.

### Further Supplies:

Unless you have been told otherwise, you will need to get further supplies of your medicines from your GP. Take this list with you to your next appointment.

# Medicine Reminder Sheet

Name:

D.O.B.

Allergies:

| Name, strength and type of medicine | What it's for | Number to take and when |           |         |         | Special instructions, storage and advice |
|-------------------------------------|---------------|-------------------------|-----------|---------|---------|--|
|                                     |               | Morning                 | Lunchtime | Teatime | Bedtime |  |
|                                     |               |                         |           |         |         |  |
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|------------------------------|---------------|
| <b>For Official Use Only</b> | Completed by: |
|                              | Name          |
|                              | Date          |
|                              | Profession    |
|                              | Signature     |

**Keep all medicines out of the sight and reach of children.**  
 Read the label and any written information you have been given. Pay attention to any warning stickers on the container.