

**INSTRUCTIONS**

Write down all the medications that you are taking at this time. You should add new ones and note when any medications are ceased or changed in the 'Date Ceased' column.

TO COMPLETE 3.2

MEDICATION NAME	DOSE I TAKE	FREQUENCY PER DAY <i>(Record times)</i>	HOW I TAKE IT	WHY I TAKE IT <i>(Record condition)</i>	DATE MEDICATION CEASED

**I need help regarding medications to:**

- arrange prescriptions       Yes     No      .....
- collect prescriptions       Yes     No      .....
- administer/take medication     Yes     No      .....

**My prescriptions are stored:** .....

**My local pharmacy is:** .....

**Contact details: (name, email, phone, mobile, address)** .....

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