HEALTH RECORD RESOURCE

Medication Information Sheet

A clear personal template for recording current medicines and products to help you communicate accurately at healthcare appointments.

NAME _____ DATE OF BIRTH _____

LAST CHECKED _____ GP / PRACTICE _____

Current medicine - repeat for each item

Use the exact wording from the pharmacy label, prescription or official record.

- ☐ Medicine / product name.
- ☐ Formulation (tablet, inhaler, cream, injection, etc.).
- ☐ Strength.
- ☐ Dose and frequency.
- ☐ Special label instructions.
- ☐ Prescriber or clinic.
- ☐ Reason for taking, if known.
- ☐ Date last checked against the current label or record.

Other products

- ☐ Over-the-counter medicines.
- ☐ Vitamins and supplements.
- ☐ Herbal or complementary products.
- ☐ Products taken only when needed.

Allergies and reactions

- ☐ Substance or medicine name.
- ☐ Reaction experienced.
- ☐ Whether this is confirmed as an allergy or is uncertain.
- ☐ Date or source of the information where known.

Changes

- ☐ Record the date when a medicine is started, stopped or changed.
- ☐ Record who advised the change.
- ☐ Keep current medicines clearly separate from previous medicines.

- [ ] Do not silently overwrite older dose information.

Appointment check

- [ ] Take the current list to appointments.
- [ ] Bring packaging, repeat slips or label photographs if useful.
- [ ] Ask a pharmacist or prescriber about unclear instructions, missed doses, interactions or side effects.

Use with the full guide
This is an organisation aid, not a prescribing instruction. Do not start, stop or change treatment based on this sheet. Seek urgent medical help when appropriate.

Guide: first-notification.com/guides/health/medication-list-template/