

# My Workbook- Medication Checklist

## Medications

While in the hospital, please do not take any of your medications from home without first talking with your care team. Medications will be provided for you during your stay. Your physician or nurse should discuss any new medications or changes in medications with you. Use this page to write down your medications, any new medications, instructions, or questions you may have.

| Medication Name             | Description | Daily Schedule     |                   |           |
|-----------------------------|-------------|--------------------|-------------------|-----------|
|                             |             | When do I take it? | How do I take it? | How much? |
|                             |             |                    |                   |           |
|                             |             |                    |                   |           |
|                             |             |                    |                   |           |
| <b>Doctor</b>               | <b>Why</b>  |                    |                   |           |
|                             |             |                    |                   |           |
|                             |             |                    |                   |           |
| <b>Special Instructions</b> |             |                    |                   |           |

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|                             |             |                    |                   |           |
|                             |             |                    |                   |           |
| <b>Doctor</b>               | <b>Why</b>  |                    |                   |           |
|                             |             |                    |                   |           |
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|                 |             |                    |                   |           |
| <b>Doctor</b>   | <b>Why</b>  |                    |                   |           |
|                 |             |                    |                   |           |
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|-----------------------------|--|--|--|--|
|                             |  |  |  |  |
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