Medicines At A Glance

A free printable for anyone keeping track of someone's medicines — or their own.

What is in here

1. **Two Medicines At A Glance cards.** The summary to hand a new doctor, a pharmacist, or a paramedic. Print page 2, cut along the dashed line. One for the person taking the medicines, one for whoever helps. They are half-sheet size, so they sit flat in a handbag or a glovebox — and there is no fold to crease the table you need to read.
2. **Three spare month review pages.** The same page that appears every 30 days in the Medication Log Book. Print them whenever you run out, or when an appointment comes round sooner than expected.

> **Printing.** Use US Letter at 100% — not "fit to page", which shrinks the type. It is designed to print in black and white, so a colour cartridge is not needed.

A word about the cards

Keep one where it will actually be found: a handbag, a glovebox, or clipped to the fridge. In an emergency the useful thing is not a list of conditions — it is the medicines, the doses, and who prescribed them.

Update it whenever something changes. A card that is six months out of date is worse than no card, because it will be believed.

> **This is a record-keeping tool.** It is not medical advice and does not replace your doctor, your pharmacist, or the instructions on your prescription labels.

Cut along the dashed line

Two identical cards — one to carry, one for whoever helps.

MEDICINES AT A GLANCE

Name _____ Updated _____

MEDICINES

MEDICINE	DOSE	WHEN	PRESCRIBED BY

ALLERGIES & REACTIONS

WHO TO CALL

NAME / ROLE	PHONE

CUT

MEDICINES AT A GLANCE

Name _____ Updated _____

MEDICINES

MEDICINE	DOSE	WHEN	PRESCRIBED BY

ALLERGIES & REACTIONS

WHO TO CALL

NAME / ROLE	PHONE

Month review

Fill this in before an appointment and take it with you. Sheet 1 of 3.

MEDICINES I AM TAKING NOW

MEDICINE	DOSE	WHEN	WHAT IT IS FOR

WHAT CHANGED THIS MONTH

STARTED / STOPPED / DOSE CHANGED	DATE

SIDE EFFECTS OR SYMPTOMS I NOTICED

QUESTIONS FOR MY DOCTOR

Month review

Fill this in before an appointment and take it with you. Sheet 2 of 3.

MEDICINES I AM TAKING NOW

MEDICINE	DOSE	WHEN	WHAT IT IS FOR

WHAT CHANGED THIS MONTH

STARTED / STOPPED / DOSE CHANGED	DATE

SIDE EFFECTS OR SYMPTOMS I NOTICED

QUESTIONS FOR MY DOCTOR

Month review

Fill this in before an appointment and take it with you. Sheet 3 of 3.

MEDICINES I AM TAKING NOW

MEDICINE	DOSE	WHEN	WHAT IT IS FOR

WHAT CHANGED THIS MONTH

STARTED / STOPPED / DOSE CHANGED	DATE

SIDE EFFECTS OR SYMPTOMS I NOTICED

QUESTIONS FOR MY DOCTOR
