My Medicines is a list of all of the medicines and supplements you take and some of their details.

Please fill in the My Medicines information inside this leaflet.

This is your record of your medicines. Please keep this document safe and bring it with you when coming to Tallaght Hospital or attending any healthcare appointment. If you become ill, you or a family member can bring this record to hospital.

We also ask that you bring all of your medicines, in their original boxes and containers if you have them, with you when coming to the hospital.

Your medicines list will help hospital staff treat you safely.



## **IMPORTANT**

To fill out My Medicines you need all your medicines in front of you including prescribed, non-prescribed and over the counter medicines. If you don't know what medicines you take or you need help filing out My Medicines ask your pharmacist, doctor, friend or relative to help you.

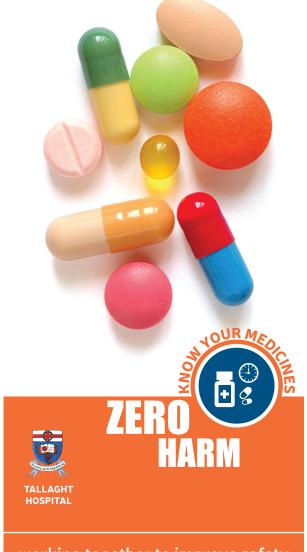


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Information for patients and families

## My Medicines



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Name:	My Family Doctor:		My Pharmacy is:	
Date of Birth:	My Family Doctor Phone No.:		My Pharmacy's Phone No.:	
The medicine I am allergic to:		Other Allergies:		Date I filled out
				this form:

Name of Medicine	The strength	How much medicine I take each time	l take it	I take it every day (Yes / No)	Why I take it?
ABC Tablets	25mg	2 tablets	Twice a day every morning & evening	Yes	For my heart
al Vo.					
4100000					
DIC!					
<b>TERU S</b>					
HARM					