

SAMPLE Patient Friendly Medication List

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Client Surname:
 Given Name:
 Date of Birth:
 Gender:
 MFRN:
 PHIN:
 Address:

List of Allergies / Intolerances and Reactions: [_____]

Weight (kgs) and date last recorded: [_____]

Share your medication information sheet with members of your health care team.

CONTINUE FOLLOWING MEDICATIONS:			
Medication Name	How Much	How Often	Reason for taking / Comments
Digoxin Oral	0.25	Once a Day	Heart Medication
Gabapentin	100 mg	Twice a Day	
Insulin Novolin 30/70 Subcutaneous			Diabetes Take before meals
Lactulose Oral	15-30 ml		Use for moderate to severe constipation

MANAGED BY ANOTHER PRESCRIBER:			
Medication Name	How Much	How Often	Reason for taking / Comments
Metoclopramide	10 mg	Three times a day as needed	

DISCONTINUED OR CHANGED MEDICATIONS:			
Medication Name	How Much	How Often	Reason for taking / Comments
Atorvastatin	20 mg	Once a day	Take at supper

Completed by: _____ Date: _____

**This is an information sheet about your medications on discharge and prescription.
 Carry this with you at all times and update as needed.**

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