

My Medications

It is important to know and record all items on your medication list. This includes all medications you take that have been prescribed, as well as, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular or casual basis. All these substances together can cause interactions that can impact your health. Always record any allergic reactions or side effects. Alcohol and recreational drug use can impact medications, mood and overall health.

Resource Kit

Click the underlined words in each activity to explore the online [resource kit](#). The resource kit provides definitions and links to research-based websites, services, resources, tools, videos, and more!

[MywellHealth.info](https://mywellhealth.info)

Write your full name & date completed/updated here:
(It will automatically appear on every page)

Medications

It is important to know and record all items on your medication list. This includes all medications you take that have been prescribed, as well as, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular or casual basis. All these substances together can cause interactions that can impact your health.

Tip: Check with you pharmacist for an updated lists of all your prescribed and purchased medications. Review this list every year with your physician or nurse practitioner.

Medication List

Make a complete medication list. Include all prescribed medications, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular basis.

Name	Dosage/Amount Taken	Date Started & Reason For Taking

Medication List(2)

Include all prescribed medications, over the counter drugs, vitamins, herbs, supplements, inhalers, allergy medications, pain medications, laxatives, and creams you might be using on a regular basis.

Name	Dosage/Amount Taken	Date Started & Reason For Taking

Substance Use

Alcohol and recreational drug use can impact medications, mood and overall health. It is important to know what and how much you use daily or weekly. This is a question that is asked at a hospital admission or before surgery. Your physician, nurse practitioner, specialist or anyone who prescribes medications to you should have this information.

Alcohol Use

List types of alcohol and number of drinks daily/weekly. Learn more about alcohol use.

Recreational Drug & Cannabis Use

List types of drugs and amount taken daily/weekly. Learn more about recreational drug use. Describe age started and/or stopped. Number of years as a recreational or cannabis user.

Tobacco Use

Amount smoked, vaped or chewed daily/weekly. Learn more about tobacco use. Describe age started and/or stopped. Number of years as a smoker.

Allergies

Allergies to Medications

List all allergies and sensitivities you have to medications. Include all over the counter drugs, vitamins, herbs, supplements, inhalers and creams. Describe your reaction and treatment.

What you are allergic to?	Allergic Reaction	Treatment

Other Allergens

List all allergies you have to other substances; include foods, insect bites , smells and any products (soaps, cleaning agents, perfumes), or substances (latex, plastics). Describe your reaction and treatment.

What you are allergic to?	Allergic Reaction	Treatment

Tip: If you have severe reactions to any medications or substances, such as difficulty breathing, you might want to learn about Medic Alert and or carry an Epi-pen.

Notes for My Medications

Use the 'Notes for My Medications' to collect all your thoughts in one place. A place to make quick notes if you do not have all the correct information you need to complete an activity or information table.

Date	A place to record your thoughts, questions, and learning

Notes	
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