

Make Notes & Take Notes

Before, during, and after my doctor's visit

Helpful Steps to Avoid Medication Errors

your doctor gives you

Before My Doctor's Visit

Date of visit	
Doctor's name Address	
Phone Reason for this visit	
Symptoms/medical problem you	are having
How long have you had this pro symptoms? Questions you want to ask the country to this problem or symptoms	
List below all of the pre and non-prescription (O medicines you are now	scription TC)
(Show this list to you doctor during Prescription Medicines	
Over-the-Counter (nonprescrip Medicines and Vitamins / Min Dietary / Herbal Supplements	ierals,

At the Doctor's Office

Record any diagnosis (name of the problem)

Record the name and phone number of any other doctor that you should see about your medical problem Name Phone
Questions to Ask About
Prescription Medicines
(If my doctor prescribes medicine for me, here are some important questions to ask)
1. What is the name of the medicine and what is it for?
☐ brand name or the ☐ generic name?
2. How and when do I take it—and for how long?
3. What side effects should I expect, and what should I do about them?
4. Should I take this medicine on an □ empty stomach or □ with food? Is it safe to drink alcohol with this medicine □ yes or □ no
5. If it's a once-a-day dose, is it best to take it in the □ morning or □ evening?
6. What foods, drinks, or activities should I avoid while taking this medicine?
7. Will this medicine work safely with any other medicines I am taking? ☐ yes ☐ no

8. When should I expect the medicine to begin to work, and how will I know if it is working?		
Are there any tests required with this medicine (for example, to check liver or kidney function)?		
9. How should I store this medicine?		
10. Is there any written information available about the medicine? ☐ yes or ☐ no? Is it available in large print or a language other than English? ☐ yes or ☐ no?		
After My Doctor's Visit		
Call your doctor immediately if you are having any problems with your treatment.		

Call your doctor or pharmacist if you think you are having troubling side effects with any medicine prescribed or recommended for you.

,	
Pharmacy	
Phone	

Record the date and time for any scheduled blood tests, x-rays, or other medical tests ordered by your doctor

Test	
Phone	
Testing facility	

Record the date and time of your next doctor's visit ____

Keep up to date
Use 1 sheet for each doctor you visit



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