Design and Learning Centre

Kent County Council
kent.gov.uk

My Medicines

This document will help you and anyone involved in your care to understand your current medication, changes to it and what you cannot take.

If found please return to:

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Name:	
NHS number:	
Date of birth:	
Hospital number:	
My GP:	

Telephone number:	
My next of kin:	
Telephone number:	

My regular pharmacist/ chemist:	

Telephone number:	

* Required. Please note this is not a prescription document

Medicines and food I am allergic to:	
Name of Medicine/food	Reasons

My medication aids (as advised by pharmacist or healthcare professional)		
None		Please tick
Non-click lock lids		Please tick
Large label fonts		Please tick
Blister packs/Dosette ™ box		Please tick
Liquids only		Please tick
Tablet cutter		Please tick
Other		

CURRENT MEDICINES

Please list all medicines including inhalers, ear, eye drops, patches, injections and alternative / herbal medicines.

Date	Name, strength and form of medicine	Morning	Midday	Evening	Bedtime	Additional Information	
XX/XX/2019	Name of Medicine	0ne				With/after food	Notes

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CHANGES TO MY MEDICINES*

*Please ensure that any changes made here are updated on the Current Medication page

Date	Name, strength and form of medicine	Morning	Midday	Evening	Bedtime	Additional Information	
XX/XX/2019	Name of Medicine	0ne				With/af-ter food	Notes