

About Your Medication

Name: _____

Allergy: _____

Reaction: _____

Physician(s): _____

REMEMBER

- **Keep a list with the name and dose** of your medication and **why** you take it.
- **Take your medication as prescribed.** If the directions from your physician differ from that on the container label inform your pharmacist and other physicians.
- **Do not share your medication.** It has been prescribed for your personal use only.
- **Keep medication out of the reach of children.** Store in a cool dry place.
- **Inform your Physician if you are pregnant** or if you decide to become pregnant while taking your medication.
- **Get rid of old, unused medication** by taking them to your pharmacy for destruction.
- **Report medication/allergies and reactions** to your Physician or Pharmacist.

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The information in this document is intended solely for the person to whom it was given by the health care team.

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