THE CARE PARTNER PROJECT

MEDICINES TO TAKE AFTER LEAVING THE HOSPITAL

FOR: _____ DATE: _____

(Be sure to include non-prescription medicines and other remedies used at home.)

Name of Medicine, What It Looks Like, Dose (units on label, i.e. mg)	Why Taking This Medicine	How Much to Take Each Time	At What Time/s?	How to Take This Medicine (by mouth, on skin, with food, on empty stomach, etc.)	
Prescribed by Dr.					Taken at Discharge? ☐ YES ☐ NO Need to Be Filled? ☐ YES ☐ NO If yes, where? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr.					Taken at Discharge? ☐ YES ☐ NO Need to Be Filled? ☐ YES ☐ NO If yes, where? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr.					Taken at Discharge? ☐ YES ☐ NO Need to Be Filled? ☐ YES ☐ NO If yes, where? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr.					Taken at Discharge? ☐ YES ☐ NO Need to Be Filled? ☐ YES ☐ NO If yes, where? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM

- Look up every medicine at: MedlinePlus.
- If 65 or older, check the Beers List for medicines that may be harmful for seniors to take.
- For children, check the KIDs' List for medicines that may be harmful for children to take.

QUESTIONS? CONCERNS?

Please speak up! It's okay to call a doctor later for answers, too.

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