K Worst Pills, Best Pills Drug Worksheet for Patients, Family, Doctor and Pharmacist

Name

Page

Primary Doctor's Name _____

Doctor's Telephone

Doctor, date started & changes	Reason why prescribed or changed?	Dose? (Each time)	Times per day	What time of day?	How long should you take drug? days/ weeks/ months	Problems to watch out for which this drug can cause	Interactions of this drug with other drugs or food; diet recommendations	How are you actually taking the drug?	New problems or complaints since drug started (Date it began?)	Is drug working?
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Instructions:

- 1. Include all drugs you take including aspirin, herbs, vitamins and other nonprescription products as well as prescription drugs.
- 2. When you change doses draw a single line through the old dose.
- 3. Bring this with you every time you go to a doctor or pharmacist.
- 4. Be straightforward with your doctor and yourself about how often you take medicine and why.