

DIABETES AND HEART DISEASE

My medication list

Keep an updated copy of this list in your purse or wallet.

Also, write down any questions or topics about your medications that you want to remember to talk about.

Medication name	Reason for taking	Start date	Starting dose (amount)	Target dose (amount)	How often (for example 1/ day, 2/ day)	Time of day to take it and how (w/ or w/o food)	What to do if I miss a dose	Side effects to watch for, report