

Prescribed Medications Questionnaire

Print this form and ask the questions that will help you get the most out of your doctor's visit.

To assist in getting the right information while visiting the doctor, the National Institute on Aging recommends asking the following questions about medications prescribed:

About Your Medications

What is the name of the medication? _____

How do you spell it? _____

Why do you want me to take it? _____

How often do I take it and for how long? _____

How will I get the medicine refilled? _____

Are there foods, drinks, other medications or activities I should avoid while taking this medication? Yes No _____

Should I take my medicine at meals or between meals? Yes No _____

Do I need to take the medicine on an empty stomach or with food or a glass of water? _____

What should I do if I forget to take the medicine and miss a dose? _____

When will the medicine begin to work? _____

What are common side effects or unwanted feelings or symptoms I may have while taking the medicine? _____



CARE RESPONSE
Providing in-home health care
www.CareResponse.com

3025 Boardwalk • Suite 165
Ann Arbor, MI 48108
(734) 662-2207
www.CareResponse.com
info@CareResponse.com