| **Medicine Reminder Form** **What medicines do I need to take?****Each day, follow this schedule:** |
| --- |
| **MORNING MEDICINES** |
| **Medicine name (generic and name brand) and amount** | **Why am I taking this medicine?** | **How much do I take?** | **How do I take this medicine?** |
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| **Medicine Reminder Form** **What medicines do I need to take?****Each day, follow this schedule:** |
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| **NOON MEDICINES** |
| **Medicine name (generic and name brand) and amount** | **Why am I taking this medicine?** | **How much do I take?** | **How do I take this medicine?** |
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| **Medicine Reminder Form** **What medicines do I need to take?****Each day, follow this schedule:** |
| **EVENING MEDICINES** |
| **Medicine name (generic and name brand) and amount** | **Why am I taking this medicine?** | **How much do I take?** | **How do I take this medicine?** |
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| **Medicine Reminder Form** **What medicines do I need to take?****Each day, follow this schedule:** |
| **BEDTIME MEDICINES** |
| **Medicine name (generic and name brand) and amount** | **Why am I taking this medicine?** | **How much do I take?** | **How do I take this medicine?** |
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| **This is a picture of a question mark--in reference to the title "what other medications can I take?"What other medicines can I take?** |
| --- |
|  | **Medicine name and amount** | **How much do I take?** | **How do I take this medicine?** |
| If I need medicine for a headache |  |  |  |
| If I need medicine to stop smoking |  |  |  |
| If I need medicine for  |  |  |  |
| If I need medicine for  |  |  |  |
| If I need medicine for  |  |  |  |
| If I need medicine for  |  |  |  |
| If I need medicine for  |  |  |  |