| **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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **Medicine Reminder Form**  **What medicines do I need to take?**  **Each day, follow this schedule:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **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?** | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
| **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?** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| **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?** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |

| **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 |  |  |  |