

Medication and Consult Organizer

provide a copy for each physician

Your name: _____ phone: _____

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|-----------------|---------------|------------------|--------------|
| 1) Medication: | Dose & Times: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 2) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 3) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 4) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 5) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 6) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 7) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 8) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 9) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 10) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 11) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |
| 12) Medication: | Schedule: | Date prescribed: | Last refill: |
| Reason | | Physician: | Phone: |

| Non-Prescription Drugs or Supplements | Allergies? | Provide your medical history, key issues and questions here: |
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MEDICAL ERRORS ARE A LEADING CAUSE OF DEATH AND INJURY: Errors occur not only in hospitals but in other health care settings, such as physicians' offices, nursing homes, and pharmacies, urgent care centers, and care delivered in the home. Medical practice is complex – to error is human.

ASK YOUR DOCTOR, NURSE, and PHARMACIST: What is the name of medication? | What is it for? | What are the most common side effects? | What should be done if side effects occur? | Is this medication safe to take with the other medications and supplements I take? | What foods, drink, or activities should be avoided when I take this medication? **ASK THESE QUESTIONS BEFORE ACCEPTING ANY MEDICATION – INCLUDING IV MEDICATIONS. MAKE SURE THAT ALL PERSONS TREATING YOU KNOW YOUR MEDICAL CONDITION, HISTORY, AND IDENTITY.**

COMMON COMMUNICATION ERRORS: Medical providers not knowing what drugs and supplements the patient is taking | Incomplete information on patient (allergies, lab results etc.) | Drug interacting with other drugs | Drug given to wrong patient | Incorrect diagnosis

COMMON PRESCRIPTION ERRORS: Drug incorrectly prescribed by doctor | Drug incorrectly read or prepared by pharmacist | Wrong drug or dose given | Missed dose | Drug given for longer or shorter durations than intended | Drug taken at wrong time | Drugs incorrectly recorded | Drug storage errors | (e.g. not refrigerated, exposed to light/moisture) | Counterfeit drug

WRONG DRUG OR DOSE: Poor handwriting; confusion between drugs with similar name, color, or shape; misuse of zeroes and decimal points | Confusion of metric and other units; inappropriate abbreviations | Inappropriate labeling as a drug is prepared and repackaged into smaller units | Environmental factors, such as lighting, heat, noise; interruptions that can distract health professionals.

COMMUNICATE HONESTLY about your medical history, symptoms, and relevant life style practices. Bring a trusted friend or loved one to your medical consults. **SPEAK UP QUICKLY:** Be polite and respectful – but do not hesitate to let the doctor know you aren't getting better and/or you are getting worse.

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