

➔ Do I have...

- |   |  |
|---|--|
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Heart problems                |
| <input type="checkbox"/> Bladder problems     | <input type="checkbox"/> High blood pressure           |
| <input type="checkbox"/> Breathing problems   | <input type="checkbox"/> Low iron in my blood (anemia) |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Pain                          |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Sleeping problems             |
| <input type="checkbox"/> Constipation         | <input type="checkbox"/> Stomach problems              |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> High Cholesterol              |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Other _____                   |

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

***Your Pharmacist works with your doctor to help you get the most from the medication you take.***

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BASIC  
MED REVIEW



**Am I Getting the Most from my Medication?**



CANADIAN  
PHARMACISTS  
ASSOCIATION  
ASSOCIATION DES  
PHARMACIENS  
DU CANADA



PHARMACY ASSOCIATION OF NOVA SCOTIA

**NS Basic Med Review is a chance to meet directly with your pharmacist to review all the medications you take and make sure you are getting the most from them.**

**Please check off the boxes.**

**➡ Do I have trouble...**

**yes no**

- Reading the label on my medication?
- Understanding the instructions on my medication?
- Opening the medication bottle?
- Using things like puffers, eyedrops, creams, patches?
- Swallowing medication?
- Remembering to take my medication?

**➡ Do I want to know more about...**

**yes no**

- The medication I am taking?
- Where to store my medication?
- How and when to take different kinds of medication?

**➡ Do I ...**

**yes no**

- Share my medication with family and friends?
- Drink beer, wine or liquor with my medication?
- Sometimes change the amount of medication I am taking?
- Take nonprescription medication, vitamins, or herbal medicine without talking to my pharmacist or doctor?
- Keep old bottles of medication, just in case I need them?

Medications include: tablets, capsules, pills, liquids, puffers (inhalers), creams, patches, drops, etc. Some are prescribed by your doctor and others you can buy off the shelf (e.g., cold, pain, stomach remedies, vitamins or herbal products).

**➡ Do I forget...**

**yes no**

- The names of all the medications I am taking?
- What I am taking the medication for?
- What to do if I miss a dose?

**➡ Do I feel that...**

**yes no**

- I am taking too many medications?
- My medication is making me sick?
- My medication is not working?
- My medications are working against each other?

**➡ Do I ...**

**yes no**

- Have more than 3 medical conditions?
- Take medications 3 times a day or more?
- Take 3 or more different medications (including prescription and nonprescription)?

**If you answer yes to more than 3 questions, please contact your pharmacist to book an appointment to talk about it!**

