

Medication record

A clear list of medicines for home use. This does not replace the pharmacy label, the GP, or a MAR chart used by a care agency.

England first · Free printable template · Large text · Fill in by hand or in Word

Please read this first

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Urgent help

In an emergency, or if someone's life is at risk, call 999. For urgent medical help, call NHS 111 or go to 111.nhs.uk. For anything else about health, speak to a GP.

Person

Name: _____

Date of birth: _____

GP / surgery phone: _____

Pharmacy name and phone: _____

Known allergies / reactions: _____

Date this list was checked: _____

Checked by (name): _____

Important medicine safety notes

- Only give medicines as written on the label, or as told by the GP, nurse or pharmacist.
- If you are unsure, do not guess. Call the pharmacy, GP or NHS 111.
- Keep medicines in a safe place, away from children.
- If someone takes too much, call 999 or NHS 111 straight away.

Current medicines

Medicine name	Strength	Dose / when	What it is for	Notes

As-needed (PRN) medicines

Medicine	When to use	Max in 24 hours	Given? date/time	Notes

Daily tick chart (optional)

Write the medicine short name in the first column. Tick each time it is given.

Medicine	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Changes and questions

Recent changes from GP / hospital: _____

Questions to ask the pharmacist or GP:

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