



My medicine management plan

What is something you would very much like to do or continue to do?

Examples:

- I want to keep getting together with friends.
- I plan to help care for my grandchildren.
- I will go to my 60th high school reunion.

Choose something that is **important to you** to write in the ‘So that I can’ space below. (Of course you can list more than one thing!)

What **step will you take** to manage your medicines so that you will be able to do what you plan?

Examples:

- Before I take any over-the-counter medicine or herbal remedy or supplement, I will check with my doctor or pharmacist to make sure it is safe to take with my other medicines.
- I will make a medicine list and take it to all my appointments.
- I will ask questions until I am sure I understand what I need to know about a medicine.

My medicine management plan:

So that I can _____

I will _____

Signed: _____ Date: _____

