SAMPLE MEDICATION REVIEW QUESTIONS

Record medication name, dose, frequency, and route if not oral.

1. What medications do you take?

2. Do you take any non-prescription medications (over-the-counter meds)? Like Tylenol, Motrin, decongestants, heartburn meds.

3. What vitamins and herbal (natural) products do you use?

4. Do you, if you need to, sometimes take medicines that were originally prescribed for someone else? If yes, which ones currently?

5. What do you take for pain?

6. for your bowels?

7. to help you sleep?

8. Have you ever had any bad reactions to a medicine, vitamin, or herbal product?

9. How many pharmacies do you usually use?

10. Do your doctors help you understand how to take your medicines and why you need to take them?

11. Are there ways that your doctors could communicate better with you about your medicines?

12. What problems do you have with taking your medicines?

13. Is paying for your medicines sometimes difficult?

14. Can you describe all of the places you keep your medicines, vitamins, and herbal products? (actually view all sites, then record locations)