PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

PRINTABLE VERSION

Complete this using your medication list or with your pharmacist. Use one section per medicine. Record missed-dose, sick-day, or procedure instructions only when a clinician or pharmacist has given them to you. Include prescribed medicines, over-the-counter products, vitamins, and supplements. Photocopy these pages if you need more space.

Medicine 1

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

Medicine 2

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

Medicine 3

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

Medicine 4

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

Medicine 5

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

Medicine 6

Medicine, dose, and time: _____

Why I take it: _____

Prescriber: _____

Expected duration or next review, if known: _____

Missed-dose, sick-day, or procedure instructions I was given:

_____

Questions, side effects, cost, or refill concerns:

_____

PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

Medication Safety

After a stent

Personalized stent-related medication safety advice:

_____

_____

Anticoagulant safety

Important considerations:

- Take exactly as directed and do not skip doses unless a clinician tells you to.
- Call for guidance before surgery, dental work, or if bleeding, bruising, or falls become a concern.

Warning signs:

- _____
- _____

Beta blocker or rhythm-medicine safety

Notes and safety tips:

_____

_____

PRINTABLE FLOW TOOL

Flow Tool 2: My Medication Plan

Medication Safety

SGLT2 and other diabetes/heart-failure medicine instructions

Instructions and specific guidelines:

_____

Potential side effects to monitor: _____

_____

Supplement safety

Supplement-related safety considerations:

- ☐ _____
- ☐ _____
- ☐ _____

My Specific Hold / Restart Instructions

Use this area for your care team to enter patient-specific instructions about holding, stopping, or restarting medicines around procedures or illness.

_____

_____

_____

_____