

# My Medication Card

Carry a list of your current medications with you at all times. Share this list with your doctors, pharmacists, and other caregivers the information they need to provide you with the best care.

YOUR NAME:

BC CARE CARD OR MEDICAL PLAN #:

EMERGENCY CONTACT:

PHONE #:

List any allergies (food or latex) or bad reactions to medications:

List the amount that you usually take and how often or what time of day you take it.

Include:

- ☐ Prescription medicines
- ☐ Over-the-counter medicines (for example, aspirin)
- ☐ Vitamins
- ☐ Herbs, diet supplements, natural remedies
- ☐ Alcohol or recreational drugs

## MY DOCTOR AND PHARMACY

Doctor's name: \_\_\_\_\_

Doctor's phone #: \_\_\_\_\_

Pharmacy name: \_\_\_\_\_

Pharmacy phone #: \_\_\_\_\_

Other doctors (specialists): \_\_\_\_\_

Advance directives I have: ☐ Representation Agreement  
☐ Advanced Medical Directive

## MY HEALTH CONDITION

- ☐ Asthma   ☐ High blood pressure   ☐ Diabetes   ☐ Heart disease   ☐ Cancer   ☐ Kidney disease
- ☐ Other medical problems \_\_\_\_\_

it's good to ask

This card is part of the *It's Good to Ask* program. The *It's Good to Ask* program includes tools and tips to help patients and their families understand their health condition and partner with members of their health care team. *It's Good to Ask* materials are available at [www.bcpsqc.ca/public/ask.htm](http://www.bcpsqc.ca/public/ask.htm).



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Medication /Supplement name	Strength	How much	How often	Started	Stopped	Reason for taking	Who prescribed
<i>Example: My drug</i>	<i>20 mg</i>	<i>1 tablet</i>	<i>2 x a day</i>	<i>Feb 24.09</i>		<i>blood pressure</i>	<i>Dr. Smith</i>

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