

MEDICATION ACTION PLAN FOR _____, DOB: _____

This action plan will help you get the best results from your medications if you:

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

DATE PREPARED:

What we talked about:	
What I need to do:	What I did and when I did it:

What we talked about:

What I need to do:

What I did and when I did it:

What we talked about:

What I need to do:

What I did and when I did it:

What we talked about:	
What I need to do:	What I did an[(W)2716 (e)5 hoento did an83 (d)

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