Bendigo Cardiology
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My medicines

Fill this in before your appointment and bring it with you, or bring your medicine boxes instead.

YOUR NAME _____ DATE OF BIRTH _____ DATE FILLED IN _____

Allergies or bad reactions to any medicine (write the medicine and what happened)

Medicine Name on the box	**Strength** For example 5 mg	**How much and when** For example 1 tablet each morning	**What it's for** If you know

Include everything you take, even now and then: tablets, sprays, patches, puffers, injections and eye drops.

Don't forget anything from the chemist, supermarket or health food shop, such as vitamins, fish oil or herbal remedies.

Stopped something recently? Write it down too, and roughly when you stopped.

Not sure? Your GP or pharmacist can print you a list of your current medicines.