

# HOW TO USE *the medicine planner*

**1** Write the name of the medicines you take every day in the space below.

**2** Check the box when your medicine needs to be taken.

**3** Check "Yes" if your medicine needs to be taken with food.

Check "No" if your medicine needs to be taken on an empty stomach.

Don't check any of the boxes if your medicine does not list any restrictions about food.

**BRING THIS PLANNER WHEN YOU VISIT YOUR DOCTOR. UPDATE IT WHEN CHANGES ARE MADE TO YOUR PRESCRIPTIONS.**

Example of chart below

MEDICINES	MORNING	AFTERNOON	NIGHT	WITH FOOD
Aspirin, 81 mg	✓			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## MANAGING MY *daily medicines*

USE THIS MEDICINE PLANNER TO HELP YOU REMEMBER WHEN AND HOW TO TAKE YOUR MEDICINES

MEDICINES	MORNING	AFTERNOON	NIGHT	WITH FOOD
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need a new medicine planner, please print another copy.