

**Taking Charge: Good Medical Care for the Elderly
and How to Get It**

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APPENDIX I

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Appendix I Medication Record

Answer the following questions for every medication your loved one is taking, including over-the-counter medications, “as needed” (PRN) medications, and prescription medications.

Name of the medication _____

Manufacturer _____

Date prescribed _____

Physician prescribing _____

Condition for which prescribed _____

Dosage _____

Schedule _____

Potential side effects (list or attach package insert) _____

Optimal dosage for elderly patient _____

Is this one of the medications having a high risk for adverse drug reactions?

Anticonvulsant

Antipsychotic

Sedative/hypnotic

Benzodiazepine-long-acting (half-life > 24 hours)

Benzodiazepine-intermediate-acting (half-life 10-24 hours)

Narcotic analgesic (Prescription painkiller)

Anticholinergic

Manufacturer's precautions _____

Possible drug-food reactions _____

Appendices

Possible drug-drug reactions _____

Possible drug-disease reactions _____

Side effects and date first observed _____

Action taken _____

Result _____
