



# MEDI-LIST

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Medicare number \_\_\_\_\_

Safety Net number \_\_\_\_\_

Concession card type

Gold / White (DVA) \_\_\_\_\_

Health Care Card \_\_\_\_\_

Pensioner Concession Card \_\_\_\_\_

Information for Carers

## QUESTIONS FOR MY DOCTOR

1. What is the diagnosis?  
How long is it likely to last?
2. What can I do to improve my health?
3. What is the name of the new medicine you have prescribed for me?
4. What does the medicine do and how should I use it?
5. How long should I use it?
6. Are any side effects likely or should I expect to feel any different while taking this medicine?
7. When should the medicine be reviewed or stopped?
8. Please fill in/check my Medi-list. Will this medicine interact with other medicines I use?

## QUESTIONS FOR MY PHARMACIST

1. How and when is the best way to use this medicine?
2. What food, drink, activity or storage might affect how well this medicine works?
3. Are any side effects likely or should I expect to feel any different while taking this medicine?
4. What can I do to reduce the chance of any side effects?
5. Please fill in/check my Medi-list. Will this medicine interact with other medicines I use?
6. What should I do if I miss a dose?
7. Can you give me any information about this medicine?
8. Using medicines is a problem for me because of my sight/swallowing/strength/memory. How can you help me?

## USING THIS MEDI-LIST

- Ask your pharmacist and doctor to fill in your Medi-list showing ALL the medicines you use regularly (including medicines prescribed by doctors and medicines bought from pharmacies, supermarkets or health food shops).
- Update your Medi-list whenever a new medicine is added or your medicine/s change.

DOCTOR \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

PHARMACIST \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DATE STARTED	NAME OF MEDICINE		WHAT'S IT FOR	DOSE / TIMING	SPECIAL INSTRUCTIONS
	Generic name / Brand name	Strength			
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Phone your **Commonwealth Carer Resource Centre** on **1800 242 636\*** for extra copies of this card.

\*Free call from local phones, mobile calls at mobile rates