Plain English version

Talking to your Healthcare Professional about your Medication

Introduction

A **medication review** is when you meet with your health care professional to talk about the medication you take, and if any changes need to be made

Please fill in this booklet and bring it with you to your medication review.

This is to help you think about your medication, what is working, and what could be better.

It will help the person doing your medication review understand about your health, and how you feel about your medication.

You can also tell the person doing your medication review if you have any problems with your medications.

This can include medications prescribed for you, or medications you buy, such as painkillers or for constipation.

How to use this booklet

- You can fill in this booklet on your own, or you can ask someone to help you.
- Speak to the person who gave you this booklet if you have any questions, or need some help to fill it in.
- Some questions have boxes for you to tick. Fill in each question by putting a tick into the box next to the answer you want to choose.

  Example: Do you know what medication you take?

  yes ☐ **no** ☐ **not sure** ☐

- There is space at the end of the booklet for you to write in any questions or things you want to say at the medication review.

About you and your medication

Your name is _____

1. Do you know what each of your medication is for?

yes, all of them ☐ **yes, some of them** ☐ **no** ☐

2. Do you need help to take your medication?

yes ☐ **no** ☐ **not sure** ☐

3. Do you take your medication as your health care professional advised you to?

yes ☐ **no** ☐ **not sure** ☐

Things you might find hard about your medication

4. Do you find it hard to remember to take your medication?

yes ☐ **no** ☐ **not sure** ☐

5. Do you find it hard to swallow your medication?

yes ☐ **no** ☐ **not sure** ☐

6. Do you have any problems taking your medication at the times you are supposed to take them?

yes ☐ **no** ☐ **not sure** ☐

Your medication

7. How does your medication make you feel?

better ☐ **same** ☐ **worse** ☐ **not sure** ☐

8. Do you have any questions about what any of your medication is for?

yes ☐ **no** ☐ **not sure** ☐

The next questions are about side effects that you might or might not experience

9. Do you find it harder to see things?

yes ☐ **no** ☐ **not sure** ☐

10. Are your arms and legs harder to move?

yes ☐ **no** ☐ **not sure** ☐

11. Do you feel more shaky?

yes ☐ **no** ☐ **not sure** ☐

12. Do you need to go to the toilet more?

yes ☐ **no** ☐ **not sure** ☐

13. Do you find it more difficult to go to the toilet?

yes ☐ **no** ☐ **not sure** ☐

14. Does your mouth feel more dry?

yes ☐ **no** ☐ **not sure** ☐

15. Are you eating more food?

yes ☐ **no** ☐ **not sure** ☐

16. Do you feel more hungry?

yes ☐ **no** ☐ **not sure** ☐

17. Does your mouth get more wet?

yes ☐ **no** ☐ **not sure** ☐

18. Is your skin more itchy?

yes ☐ **no** ☐ **not sure** ☐

19. Do you feel more tired?

yes ☐ **no** ☐ **not sure** ☐

You can use the space on the next page to write anything you want to ask or tell the person doing your medication review.

What other things do you want to ask or tell the person doing your medication review?

If you have any worries or questions about your medication, you don't have to wait for your medication review to talk about it.

Talk to your staff, family or someone else you trust.

Make an appointment to speak to your doctor or health care professional.