



Medication Checklist



Medication list

- Name & Dose _____
- Frequency _____
- Circle one: Is your medication as needed or scheduled?
- Make a medication list or calendar.

What Is Each Medication For?

- What does the medication relieve or treat?

- Side effects? Ask your doctor if there's another medication you can try. _____
- Ask your doctor if getting off a medication is possible - don't do it yourself.

Precautions To Be Aware Of

- Ask your doctor what the symptoms or side effects are so you can look out for them.
- Just because something is on the side effects list does not mean it will happen to you.
- Know how side effects lists are made.

Print the checklist to bring with you to your next appointment!

Talk to our oncology nurse navigator if you have any questions about your medications. Please bring all prescription bottles of medications that you're on so we can do a full review of your medications.

Call to schedule an appointment with our Nurse Navigator at 818.906.3022.

