



Medication Action Plan For Patient, DOB:

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."

What we talked about:

- 2. Take the steps listed in the "What I need to do" boxes.
- 3. Fill in "What I did and when I did it."
- 4. Fill in "My follow-upplan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other health care providers in your care team. Share this with your family or caregivers too.

Date Prepared:

. 121	What I did and when I did it:
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What we talked about:	
	What I did and when I did it:
	What I did and when I did it:
What I need to do:	What I did and when I did it:
What I need to do:	What I did and when I did it:
•	What I did and when I did it:

What we talked about:	
What I need to do:	What I did and when I did it:
My follow up plan (add notes ab	out next steps):
Questions I want to ask (includ	e topics about medications or therapy):