

**Medicines to Take**

**Medication**

Si usted desea esta información en español,  
por favor pídasela a su enfermero o doctor.

#337

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# Medicines to Take

Use this form to keep track of your medicines.

If the amount of medicine changes, cross the medicine and old dose off the list.

Add the medicine and new dose on a new line.

Write in new medicines as they are added.



Name of medicine Strength of medicine	Morning Time: Amount	Mid Day Time: Amount	Evening Time: Amount	Bed Time Time: Amount	Reason for medicine and notes
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	

Name of medicine Strength of medicine	Morning Time: Amount	Mid Day Time: Amount	Evening Time: Amount	Bed Time Time: Amount	Reason for medicine and notes
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	



If you have any questions or concerns,  
 call your child's doctor or  call \_\_\_\_\_

If you want to know more about child health and illness,  
visit our library at The Emily Center at Phoenix Children's Hospital:  
1919 East Thomas Road in Phoenix  
602-546-1400  
[www.phoenixchildrenshospital.com](http://www.phoenixchildrenshospital.com)

**Disclaimer**

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Tuesday, October 31, 2006 • DRAFT in family review  
#337 • Written by Tamara Stephenson, MS, RN • Illustrated by Dennis Swain  
This handout is also available in Spanish as #587/337s.



Si usted desea esta información en español, por favor pídasela a su enfermero o doctor.

Name of Health Care Provider: \_\_\_\_\_ Number: 337  
For office use: Date returned: \_\_\_\_\_  db  nb

## Family Review of Handout

**Health care providers:** Please teach families with this handout.

**Families:** Please let us know what you think of this handout.

Would you say this handout is hard to read?  Yes  No

easy to read?  Yes  No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  Yes  No

Why or why not?

Would you do anything differently after reading this handout?  Yes  No

If yes, what?

After reading this handout, do you have any questions about the subject?  Yes  No

If yes, what?

Is there anything you don't like about the drawings?

Yes  No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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**Thank you for helping us!**