



Kepple Lane PHARMACY

Patient's name:

NHS number (where known):

My current medicines

Please list all medicines including inhalers, eye/ear drops, patches, injections, Over the counter medicines and alternative/herbal medicines

Medicine	Presentation (e.g. tablet, liquid, patch)	Dose	Frequency (How often I take my medicines e.g. daily)	Additional information (e.g. What I take this medicine for)

Medicines I cannot take

Name of medicine	Reason

Notes about my medicines