

Medication safety checklist

Do you take both **prescribed** and **over-the-counter** medicines *e.g. painkillers, allergy tablets, vitamins, herbal remedies, topical treatments or supplements?*

YES / NO

Do you take **5 or more** medicines? YES / NO

Do you suffer from a **chronic illness**? YES / NO

Have you recently been discharged from hospital?

YES / NO

Do you take medications prescribed by more than one medical practitioner?

YES / NO

Do you want to optimise use of medicines *e.g. reduce number of medicines taken?*

YES / NO

Do you have questions about interactions between food and medicines?

YES / NO

Do you take any medications causing most of the medicine related accidents?
Such as NSAID, combination of medications for blood pressure, antidepressants, psychotropics.

YES / NO

Do you feel that the medicines you take do not work or cause problems?

YES / NO

Do you feel that you experience any confusion with generic brands or any other medicines (*e.g. Which types of tablets you can take together?*)

YES / NO

If you answered YES to least one question please ask your GP if you are eligible for a consultation with a Specialist Pharmacist – at no cost to you.