The following *Need to Know* sheet is provided for your use. It is recommended that you complete one sheet per medication prescribed and share the information with others providing care to the individual receiving the medications. You may copy and use the sheet provided on the next page or use one that you or your agency has for this purpose. This is not a form for the doctor to fill in or sign.
**MEDICATION INFORMATION SHEET**

**What We Need to Know About** ____________________________________________

Name of medication

What is the diagnosis related to this medication? __________________________________

Is it a behavior altering medication? ____________________________________________

If yes, please describe

______________________________________________________________________________

What is the dose of the medication? _____________________________________________

When should this medication be started? __________________________________________

When should it be finished? _____________________________________________________

What is the expected (desired) effect from this medication?

______________________________________________________________________________

How long after starting the medication should this effect be noticed?

______________________________________________________________________________

How is this medication to be taken (orally/by mouth, applied to the skin/topically, rectally, etc)?

______________________________________________________________________________

At what time or times should this medication be given? _____________________________

Are there possible interactions with food or other medication? ________________________

If yes, please list:

______________________________________________________________________________

Are there any special instructions for this medication (for example on an empty stomach or with food)?

______________________________________________________________________________

Is this medication a controlled substance? _________________________________________

What are the side effects to be alert for with this medication?

______________________________________________________________________________

What does the health care practitioner say should be done if this medication is missed, late, regurgitated or expelled?

______________________________________________________________________________

What are the pharmacy instructions on storing this medication?

______________________________________________________________________________