



My Pharmacy Checklist

For a first meeting, an important update or when filling a new prescription

Make an appointment

Talk with your pharmacist to find out when is a good time to discuss your concerns.

Be sure to bring:

1. A completed list of your support network. The pharmacist can make a copy and keep it on file when communicating with your support network. (See "Tracking My Support Network," available at [TevaCaregivers.com](https://www.tevacaregivers.com))
2. Signed and completed power of attorney. (See "My Power of Attorney Template")
3. A list of the health conditions of and treatments for the person in your care, including prescriptions, over-the-counter drugs, and natural supplements or products. Indicate the name of the treatments and the dose/frequency (what the strength is, how often it is taken each day, when it is taken during the day, etc.)

Questions to ask at the pharmacy

Ask your pharmacist the following questions to help you and the person in your care:

- Are all of the patient's prescriptions up to date and noted in the file? Is anything missing?
- Is it possible to transfer files from another pharmacy for myself and the person in my care? How can I do that?
- Are there any dangers in taking certain medications at the same time?
- How should the medication be taken?
- What kind of side effects or new symptoms should we watch for?
- Is there anything we can do to avoid or reduce the impact of any possible side effects?
- Is there any way you can help us manage the treatments (memory aids, pill-box organizers, reminders apps, online refill orders, etc.)?
- Can you add the patient's non-prescription products and supplements to their profile?
- How do I know if the medications are working?
- What other services are available at the pharmacy (blood tests, referrals, injection services, etc.)?
- What can I do if I don't feel comfortable or I'm nervous about giving medications to the person in my care?

Condition	Prescription medications		Over-the-counter medications		Natural health products		Supplements	
	Name	Dose/frequency	Name	Dose/frequency	Name	Dose/frequency	Name	Dose/frequency

