



Medication Related Action Plan – Quarterly

Patient:	
Doctor (include phone #)	
Pharmacy / Pharmacist (include phone #)	
Date Prepared:	

The list below has important Action Steps to help you get the most from your medications. Follow the checklist to help you work with your pharmacist and doctor to manage your medications AND make note of your actions next to each item on your list.

Action Steps: What I need to do...	Notes: What I did and when...
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My next Appointment with My Pharmacist is on (quarterly): _____ (date) at _____ AM PM