

My medications

Name: _____



A wellness publication prepared for members of Samaritan Health Plans

OUR MEMBERS. OUR NEIGHBORS.



Samaritan

Health Plan Operations

815 NW Ninth Street, Corvallis

REMEMBER:

Talk with your health care provider if you have questions about your medicines.



The purpose of this brochure is to help you keep detailed information about your medicines. These include prescription drugs, over-the-counter (OTC) drugs and herbal supplements.

Definitions:

Prescription drug: A drug requiring a prescription from your health care provider filled at a pharmacy.

Over-the-counter (OTC) drug: Remedies you can buy at any store without your health care provider's order, such as: vitamins or herbal supplements.

Herbal supplements: Products made from plant sources.

PRESCRIPTION DRUG SAFETY


When your health care provider prescribes a medication, you must use it properly.

Try to take your medicine at the same time every day. They work better when taken on a regular schedule.

Take your prescriptions exactly as directed. If your symptoms do not improve, call your health care provider.

Finish your prescription even if you start to feel better. Talk with your health care provider before you stop taking a medication.

Report any changes in memory or personality to your health care provider.

-  **NEVER** use medicines from a previous illness unless your health care provider says to do so.
-  **NEVER** take another person's prescription.
-  **NEVER** stop taking medicine before you discuss with your health care provider.

MY MEDICATIONS

Be sure to include drugs that do not require a prescription such as aspirin, vitamins, and herbal supplements:

Reason I am taking this drug:

Special Instructions:

Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	
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Start date:	End date:	Frequency:
Drug name:		
Start date:	End date:	Frequency:
Drug name:		
Start date:	End date:	Frequency:

Show this to your health care provider and pharmacist each time you visit.

Be sure to include drugs that do not require a prescription such as aspirin, vitamins, and herbal supplements:

Reason I am taking this drug:

Special Instructions:

Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	
Drug name:			
Start date:	End date:	Frequency:	

Questions for my health care provider and/or pharmacist:

1 _____
_____?

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Personal medication review

Sit down with Samaritan Health Plans' clinical pharmacist for a personal and confidential medication review that will help you determine the best approach for managing your medications.

For an appointment with the pharmacist, call:

Samaritan Health Plans Customer Service

541-768-4550 or 1-800-832-4580

TTY users call 1-800-735-2900

Monday – Friday, 8 a.m. to 5 p.m.