

→ Do I have...

- | | |
|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Low iron in my blood (anemia) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Other _____ |

Name _____

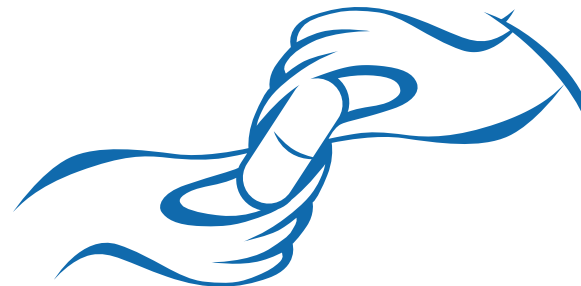
Address _____

Postal Code _____ Phone Number _____

Your Pharmacist works with your prescriber to help you get the most from the medication you take.

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PEI PharmaCheck™

Am I Getting the Most from my Medication?



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada



**Prince Edward Island
Pharmacists Association**

PEI PharmaCheck is a chance to meet directly with your pharmacist to review all the medications you take and make sure you are getting the most from them.

Please check off the boxes.

➔ Do I have trouble...

yes no

- ☐ ☐ Reading the label on my medication?
- ☐ ☐ Understanding the instructions on my medication?
- ☐ ☐ Opening the medication bottle?
- ☐ ☐ Using things like puffers, eyedrops, creams, patches?
- ☐ ☐ Swallowing medication?
- ☐ ☐ Remembering to take my medication?

➔ Do I want to know more about...

yes no

- ☐ ☐ The medication I am taking?
- ☐ ☐ Where to store my medication?
- ☐ ☐ How and when to take different kinds of medication?

➔ Do I...

yes no

- ☐ ☐ Share my medication with family and friends?
- ☐ ☐ Drink beer, wine or liquor with my medication?
- ☐ ☐ Sometimes change the amount of medication I am taking?
- ☐ ☐ Take nonprescription medication, vitamins, or herbal medicine without talking to my pharmacist or prescriber?
- ☐ ☐ Keep old bottles of medication, just in case I need them?

Medications include: tablets, capsules, pills, liquids, puffers (inhalers), creams, patches, drops, etc. Some are prescribed and others you can buy off the shelf (e.g., cold, pain, stomach remedies, vitamins or herbal products).

➔ Do I forget...

yes no

- ☐ ☐ The names of all the medications I am taking?
- ☐ ☐ What I am taking the medication for?
- ☐ ☐ What to do if I miss a dose?

➔ Do I feel that...

yes no

- ☐ ☐ I am taking too many medications?
- ☐ ☐ My medication is making me sick?
- ☐ ☐ My medication is not working?
- ☐ ☐ My medications are working against each other?

➔ Do I ...

yes no

- ☐ ☐ Have more than 3 medical conditions?
- ☐ ☐ Take medications 3 times a day or more?
- ☐ ☐ Take 3 or more different medications (including prescription and nonprescription)?

If you answer yes to more than 3 questions you may benefit from a medication review. Government coverage may be available through Pharmacare. Ask your pharmacist for details.

