

Give clinicians your MEDICATIONS form with your DOCS & HISTORY form to provide a quick, 2-page summary of your case. Both can be printed-out and adapted from my website, deborahdawheffernan.com under TIPS & TOOLS. Vital in an emergency, they also make routine check-in easy and accurate, eliminating your need to fill out yet more medical questionnaires. I keep a laminated, mini-version in my wallet, as does my husband—twice a life-saver..

Tips for ensuring that your MEDICATIONS report is useful to doctors

- Keep it one page, current, and dated.
- Though you will hand this document to clinicians with your DOCS & HISTORY form, these 2 documents may become separated. Repeat key identifying information at the top of each, as you see on my examples.
- Use concise, clear language for readers in a hurry; for example ER specialists. Make sure your abbreviations and dates are understandable to every reader, including clinicians not in the field of your diagnoses or for whom English is not their first language.
- For readability, do not use type smaller than 11 point. Use bold type and all capital letters minimally and strategically to help clinicians quickly locate information.
- Under Diagnosis, if you have several diagnoses, streamline the list with consideration for both medical priority and speed-reading. Before my heart transplant, I streamlined my diagnoses to “2 SCADs & 2 MIs (1997, 2006); V-tach; EF 15%.” After careful thought, I concluded that the actual diagnoses of cardiomyopathy and heart failure were obvious from and less helpful than the stunning details. What language will save your life the fastest? Be sure to include any non-cardiac diagnosis important to your general care; for example, “diabetes” or “breast cancer” or “spinal surgery.”

On filling in your MEDICATIONS worksheet

1. The first attached form is instructive and based on one Mass General gave to me. I continue to tailor it to my needs; for example, I cluster my meds under labels naming their general purpose, which helps me learn and gain some control over what is going into my body.
2. The second worksheet is for you to tailor to your needs. I recommend leaving medication information in the chart blank, then print it out. Now fill in each med, dose, and timing *with a pencil* so you can easily erase and update as changes occur.

3. If you are on a med temporarily, such as flu medication, or if you drink a tea regularly, update your form to include it. What we consume can affect some drugs, particularly blood thinners and transplant medications.
4. I file in a drawer the latest information sheet that comes with each prescription. When I feel odd, I check those sheets for the list of side-effects—before I call my doctor. Knowing the side-effects may calm my concern enough to observe my body for a couple of days or motivate me to call the doctor immediately.

Tip for Transplant patients: Let your doctors know when you receive immunosuppressants from a different manufacturer. Sometimes small differences in chemical composition matter, necessitating a blood test to confirm that your new immunosuppressant is protecting you at the correct level.

**Please continue to page 3 for my MEDICATIONS example
and then to page 4 for a worksheet you can tailor and print out
for your MEDICAL NOTEBOOK and clinicians.**

MEDICATIONS

Patient Name: *Deborah Daw Heffernan (during one stage, post-transplant)* **DOB:** June 27, 1952
Call Doctor in Emergency: *[pager] for Dr. [your cardiologist] @ [hospital, city, state]*

Diagnosis: SCAD leading to HEART TRANSPLANT, 8/06, Massachusetts General Hospital, Boston

Blood Type: *Important if you need a transfusion.* **(Primary Hospital) ID#** _____

Allergies: *All allergies; if you have allergies to meds, list brand and generic names.*

Rejection:	8-9 am	Afternoon	8-9 pm
Cellcept/Mycophenolate Mofetil	<i>dose in pencil</i>	<i>dose in pencil</i>	<i>dose in pencil</i>
Prograf/Tacrolimus			
<i>Note: Write the drug's brand and generic name if your doc approves both.</i>			
Infection/inflammation:			
Mepron/Atovaquone			
Prednisone			
Clotrimazole (thrush, if needed)			
Acid reflux:			
Prilosec/Omeprazole			
Lipids:			
Lipitor/Atorvastatin			
Co-Enzyme Q10 (for side-effects)			
Bones			
Calcium (Citrical w/vitamin D3)			
Blood pressure (ace inhibitor):			
Lisinopril			
Blood thinner:			
Baby aspirin			
Other:			
<i>Vitamins? Or list below, all in a line.</i>			
<i>Temporary med, antibiotic?</i>			

As needed: Diazepam (10 mg.) for biopsy prep; Amoxicillin for dental work

Teas consumed routinely: green, black, ginger, herbal (ex: camomile)

Updated 7/19

