

Name of care home:

.....

Resident's name:

.....

Date of birth:

.....

Room Number:

.....

Date of completion:

.....



# My Medicine My Choice My Record



Name of medicines (tablets/ liquids/ creams)	Description of medicines	How many/ much i take and when

Why I take this medicine	Special Instructions	When my medicines need to be reviewed

## How To Use

1. This record is to stay with the resident whose medication is recorded on it.
2. It should travel with them as they see doctors, nurses and other professional people who may have an interest in what medicines they are taking.
3. Doctors, nurses and pharmacists may help the resident complete it and ensure it is up to date; it is not a staff record and should not be adapted to suit staff needs. Its primary purpose is for residents to have their own record.
4. It is intended that this form will enable the resident in a care home to have more choice and control about what happens regarding their medicines. It can help residents engage in conversations about their medicines.
5. This is not a risk assessment form. Any assessment in relation to the resident's ability to self-medicate is separate to this form.
6. It should be read in conjunction with the Residents Charter.

I want this information to be shared with

Notes