

## My pharmacy checklist

# Use this helpful tool when first meeting with a pharmacist, sharing an update or filling a new prescription.

#### Make an appointment

Talk with your pharmacist to find out when is a good time to discuss your concerns.

#### Be sure to bring:

- A completed list of your support network. The pharmacist can make a copy and keep it on file when communicating with your support network. (See "Tracking My Support Network," available at TevaCanada.com)
- 2. Signed and completed power of attorney. (See "Power of attorney forms" for a list of forms by province at **TevaCanada.com**)
- 3. A list of the health conditions of and treatments for the person in your care, including prescriptions, over-the-counter drugs, and natural supplements or products. (See "Health conditions and treatments" below)
- 4. A list of all allergies and immunizations. (See "Allergies and vaccines" below)

## Questions to ask at the pharmacy

Ask your pharmacist the following questions to help you and the person in your care:

- -----Are all of the patient's prescriptions up to date and noted in the file? Is anything missing?
- Is it possible to transfer files from another pharmacy for myself and the person in my care? How can I do that?
- -----Are there any dangers in taking certain medications at the same time?
- -----How should the medication be taken?
- -----Is there anything we can do to avoid or reduce the impact of any possible side effects?
- Is there any way you can help us manage the treatments (memory aids, pill-box organizers, reminders apps, online refill orders, etc.)?
- ------Can you add the patient's non-prescription products and supplements to their profile?
- -----How do I know if the medications are working?
- ------What other services are available at the pharmacy (blood tests, referrals, injection services, etc.)?
- What can I do if I don't feel comfortable or I'm nervous about giving medications to the person in my care?

## Preparing for a pharmacy visit

Topics	The observations and reporting of the person in my care	My observations and reporting	Questions we have	Notes and follow-up questions
General concerns				
Recurring symptoms				
What it feels like, when it happens, what occurs and requency)				
nequency)				
<b>Vew symptoms</b> What it feels like,				
when it happens, what occurs, frequency and when you first noticed it)				
<b>Side effects</b> (Report any side effects from treatments)				
Tom treatments)				
<b>Changes in behaviour</b> (How the behaviour has				
changed, when you first noticed it and when it cends to happen)				



## Questions you should ask your pharmacist about each medication

Торіс	Notes
<i>Name of the medication</i> (brand and/or generic)	
Why is it taken?	
What is the dosage?	
When and how should it be taken?	
For how long should it be taken?	
What are the most common side effects?	
Are there any drug interactions I should know about?	
How should it be stored?	

## Allergies and vaccines

Allergies of the person in your care:				
Vaccines received:	Influenza	Pneumococcal	Tetanus/diphtheria/pertussis	Shingles
	Yes	Yes	Yes	Yes
	No No	No	No No	No No
	Not sure	Not sure	Not sure	Not sure



## Health conditions and treatments

Indicate the name of the treatments and the dose/frequency (what the strength is, how often it is taken each day, what time it is taken during the day, etc.)

Condition	Prescription medications		Over-the-counter medications		Natural health products		Supplements	
	Name	Dose/frequency	Name	Dose/frequency	Name	Dose/frequency	Name	Dose/frequency

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We are committed to working with our pharmacy partners to help make the care journey easier for you.

Visit TevaCanada.com/Caregivers for more resources and support.

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