



STAYING ON TOP OF THINGS

M E D I C A T I O N A D H E R E N C E S U P P O R T T O O L K I T

My Doctor's / Nurse / Pharmacist / Other Appointment _____

Date:

Purpose of the visit:

Symptoms, signs, or side effects to report:

Adherence update to report:

Other things to tell the doctor / pharmacist / nurse / other:

Questions for my doctor / pharmacist / nurse / other:

Notes:

Things to remember for next time: