

Your Heart Medication List

Patient Name _____

Date _____

Type of Drug	Brand Name & Dose (mg)	Take 1 pill this many times a day	Time of Day to take it	Reason for taking	Date started	Date to stop	Prescribed by (Doctor's name)	No Change	Dose Change	New Medicine
<i>Example: ACE Inhibitor</i>	<i>Lisinopril 10mg</i>	<i>1</i>	<i>Morning</i>	<i>High blood pressure</i>	<i>6/10/11</i>	<i>N/A</i>	<i>Dr. Jones</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE Inhibitor								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta Blocker								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aldosterone antagonist								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretic								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretic								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potassium								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statin								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerine								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep in mind:

- Avoid medications for arthritis and pain unless approved by your physician
 - *Examples to avoid: Advil, Celebrex, ibuprofen, Motrin, Naprosyn, Nuprin, Vioxx*
- Other medicines to avoid: _____
- Taking Tylenol or acetaminophen is OK
- Plan your medication refills to avoid “running out”.
- Keep a copy of this medication list in your purse or wallet.
- Bring this medication list with you to each doctor’s appointment.

