

Geriatrics Medication Worksheet

Patient's Initials _____

Date _____

Review each pill bottle with the patient and complete the following table for up to 12 medications. If the patient is on medication for diabetes, or taking Coumadin or an antihypertensive, complete the second table below.

Medication prescribed including dosing instructions	What does the patient think the medication is for?	Is the patient taking the medication as prescribed? If not, why not?	List the common side effects Does the patient describe any of these or other side effects?	Does the patient have to pay out-of-pocket, and if so how much?	Potential Drug/Drug or Drug/Condition Interactions

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<u>Diabetic on Medication</u>	<u>Coumadin</u>	<u>Antihypertensive(s)</u>
Do you check your blood sugar? If so, how often?	Do you get your blood checked (INR) regularly? If so, how often?	Do you take your blood pressure? If so, how often, and how do you do it?
Do you record the results? What is the range? Do you ever have a reading above 200 or below 60?	Do you stay away from any specific medications or foods because you are on Coumadin? Have you had any readings lower than 1.5 or higher than 3?	Do you record the results? What is the range? Do you ever have a systolic (top) reading above 160 or below 90?