



Your medication

Use this space to list all your medicines. You can download more pages at blf.org.uk/self-help

I take these medicines *(Remember to include oxygen if needed)*

name and why I take it	how often and how much I take	date started	date ended

I take these medicines *(Remember to include oxygen if needed)*

name and why I take it	how often and how much I take	date started	date ended