

Name:		DC	B:
Medicine:	Strength:	Fo	rm:
Directions:			
Are there things that should be tried first with me before the medicine is needed?			
Under what circumstances do I need this medicine?			
What should the medication do?			
Will it be clear that I need this medicine, or do you need to offer this to me/assess if I need it? If I take a variable dose, how will you know how much to give me?			
How quickly should it work?			
What time gap should be left between doses?			
What is the maximum dose in 24 hours?			
How long should it be tried for before getting back in touch with the prescriber?			
Are there any other symptoms that would need you to get back in touch with the prescriber?			
Signed by:	Job title:	Date:	Review date: