



Medicine Cabinet Checklist (prescription)

Prepared for:

Name:

Address:

Phone Number:

Social Security Number:

Before you begin, make sure that you have sufficient time to complete the entire list without being distracted. Remember to **collect all medications** from other rooms, purse, car, etc.

Before inspecting the contents of the medicine cabinet, make a general assessment of the room.

- Is lighting adequate to allow your parent(s) to easily read the labels? Yes No
- Are eyeglasses and/or a magnifying glass within easy reach? Yes No
- Does the room have a clock? Yes No
- Does the room have a calendar? Yes No

Now open the cabinet and make a visual inspection.

- Is the medicine cabinet used by more than one person? Yes No
- If yes, does the cabinet contain prescription medications for more than one individual? Yes No
- Are the medications for each person separated? (e.g. on different shelves) Yes No

Now remove all prescription medications and place them on a counter.

- Are all labels legible? Is each container in good condition? Are all caps securely closed? Yes No

As you inspect each bottle of pills, open it to insure that it contains only one type of medication. If any bottle contains more than one type of medication, set it aside for closer inspection.

After you have completed your general inspection, complete the tables for both prescription and non-prescription medications. Make additional copies of this checklist if needed.

Name of Drug	Patient (Mom or Dad)	Expiration Date	Prescribed by (Doctor's name)	Telephone Number	Name of Pharmacy Store #	Telephone Number

When list is complete provide a copy to each doctor and pharmacist your parent uses. To check for possible dangerous interactions and to identify any pills not in containers, go to: <http://www.drugs.com/data/channel/md/drkoop.cfm?type=1>

