

MEDICATION ACTION PLAN FOR**DOB:**

This action plan will help you get the best results from your medications if you:

1. Read “What we talked about.”
2. Take the steps listed in the “What I need to do” boxes.
3. Fill in the “What I did and when I did it.”
4. Fill in “My follow-up plan” and “Questions I want to ask.”

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.

DATE PREPARED:

What we talked about:	
What I need to do:	What I did and when I did it:

My follow-up plan (add notes about next steps):**Questions I want to ask** (include topics about medications or therapy):

If you have any questions about your action plan, call MVP at 866-942-7754 between the hours of 9AM to 4:30PM (Eastern Standard Time) Monday through Friday.

PERSONAL MEDICATION LIST FOR**DOB:**

This medication list was made for you after we talked. We also used information from clinical data provided by your physician and/or your pharmacy claims.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at each visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family and caregivers too.

DATE PREPARED:**Allergies or side effects:**

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

This box is intended for the beneficiary to include any additional information he or she may wish to include, such as a list of medical conditions, primary care provider, primary pharmacy provider, or emergency contact information.

If you have any questions about your medication list, call MVP at 866-942-7754 between the hours of 9AM to 4:30PM (Eastern Standard Time) Monday through Friday.

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