

My Medication Review Sheet After 50

A large-print worksheet to help you organize medicines, notice changes, and prepare for a safer conversation with your doctor or pharmacist.

Important: This worksheet is for organization and communication. Do not start, stop, reduce, increase, split, crush, or otherwise change a prescription medicine on your own unless a qualified health professional tells you how.

1. Prepare for a Medication Review

Use this sheet before an appointment, after a medication change, or whenever a new symptom appears. Include prescriptions, OTC medicines, vitamins, herbal products, and dietary supplements.

- ☐ I listed everything I take, including products I use only occasionally.
- ☐ I included the dose or amount and when I take each item.
- ☐ For prescriptions, I noted who prescribed it and why I take it.
- ☐ I included any new medicine, dose change, OTC product, or supplement.
- ☐ I wrote down new symptoms or concerns without trying to diagnose the cause myself.
- ☐ I will show this list to my doctor, pharmacist, and other relevant health professionals.

Your name: _____

Date completed: _____

Primary

pharmacy: _____

**Next review /
visit:** _____

2. Quick Medication-Safety Questions

- ☐ Do I know what each prescription is for?
- ☐ Do I know the dose and when to take it?
- ☐ Did I recently start, stop, or change the dose of anything under professional guidance?
- ☐ Did I add any OTC medicine, vitamin, herbal product, or supplement?
- ☐ Have I had new dizziness, sleepiness, confusion, balance problems, or a fall?
- ☐ Do I have trouble swallowing any pill or understanding a label?
- ☐ Do I use more than one pharmacy? If yes, does each pharmacy have my complete list?

My biggest concern today: _____

3. Complete Medication & Supplement List

Include prescription medicines, OTC medicines, sleep aids, allergy medicines, pain relievers, vitamins, herbal products, and dietary supplements. If needed, print a second copy of this page.

Medicine / supplement	Dose / amount	When taken	Why / prescriber

4. Recent Changes Timeline

Timing can help your health professional see patterns. A symptom that starts after a change does not prove the medicine caused it, but the timing is useful information.

Date	What changed?	New symptom / concern	When did it start?

5. Symptom & Safety Check

Check anything that is new, worse than usual, or concerning. These symptoms can have many causes; this list is a prompt for discussion, not a diagnosis.

- | | |
|--|---|
| ☐ Dizziness or light-headedness | ☐ New sleepiness or slowed reactions |
| ☐ New confusion, memory, or concentration changes | ☐ New balance problems or near-falls |
| ☐ A fall | ☐ Vision changes |
| ☐ Nausea or stomach upset | ☐ Constipation or diarrhea |
| ☐ New weakness or unusual fatigue | ☐ Trouble swallowing pills |
| ☐ Rash, swelling, or itching | ☐ Other: _____ |

If a symptom is severe, rapidly worsening, or may be a medical emergency, seek urgent or emergency medical care rather than assuming it is a medication side effect.

6. Questions to Ask Your Doctor or Pharmacist

- ☐ What is each medicine for?
- ☐ Could any medicine be contributing to my new symptoms?
- ☐ Could any prescription interact with my OTC medicines, vitamins, or supplements?
- ☐ Could any medicine make me dizzy, sleepy, confused, or unsteady?
- ☐ Is the dose still appropriate for me?
- ☐ Do I still need each medicine, or does anything need professional review?
- ☐ What should I do if I miss a dose or think I am having a side effect?

My top question: _____

7. Notes From My Doctor or Pharmacist

8. Before You Leave the Appointment or Pharmacy

Ask for plain-language instructions whenever anything is unclear.

- ☐ I understand the name and purpose of each prescription medicine.
- ☐ I understand how much to take and when to take it.
- ☐ I asked whether food, alcohol, or other products could interact with it.
- ☐ I asked about common side effects and which symptoms need faster attention.
- ☐ I asked what to do if I miss a dose.
- ☐ I asked before splitting, crushing, or chewing any tablet or capsule.
- ☐ I told the pharmacist about all medicines, OTC products, vitamins, and supplements I use.
- ☐ If I use more than one pharmacy, each pharmacy has an accurate medication list.
- ☐ I know who to contact if a new symptom or medication question comes up.

9. Keep the List Useful

- ☐ Update this sheet whenever a medicine, dose, OTC product, vitamin, or supplement changes.
- ☐ Keep a copy where you can find it easily (wallet, purse, phone, or home medication folder).
- ☐ Bring it to medical appointments and medication reviews.
- ☐ Do not use this sheet to decide on your own which prescription medicines to stop or change.

Why these items are included

This worksheet reflects current patient-safety guidance from the U.S. Food and Drug Administration (FDA), the National Institute on Aging (NIA), and CDC STEADI. These sources emphasize keeping a complete medication list, including OTC products and supplements, asking a doctor or pharmacist about side effects and interactions, and reviewing medicines that may contribute to dizziness, sleepiness, or fall risk.

Official sources reviewed September 23, 2026

- [FDA - 5 Medication Safety Tips for Older Adults](#)
- [FDA - As You Age: You and Your Medicines](#)
- [NIA - Taking Medicines Safely as You Age](#)
- [CDC STEADI - Pharmacy Care / Medication Review](#)

Educational use only. This worksheet does not replace individualized medical advice, diagnosis, medication review, or treatment. Medication decisions should be made with an appropriate qualified health professional.