



The Bays Hospital - Mornington

We are pleased that you and your Surgeon have chosen THE BAYS HOSPITAL - MORNINGTON for your procedure. We will endeavour to make your stay safe and as pleasant as possible.

If you are currently on any medication, that is, oral medication (such as tablets or capsules), eye drops, inhaled medication, patches etc, we would advise you to see your own GP prior to your admission. Please take this sheet with you to that appointment. Check your current medication and ask him / her to fill, in this chart that the surgeon has given you. If you have any drug allergies, please ask your Doctor to write the effect this allergy has on the form.

If you are unable to see your GP before coming to Hospital, could you please fill out the medication chart yourself, or get a member of your family to do it for you.

List medications, and indicate the quantity of tablets (if applicable) and the times when they are taken. Please remember the strength of each.

PLEASE BRING ALL YOUR CURRENT MEDICATIONS (in their original containers) INTO HOSPITAL WITH YOU.

NAME:	MEDICATION CHART
PENSION NUMBER	SAFETY NET NUMBER
	REGULAR PHARMACIST

Please specify the quantity (Qty) of drug taken in the appropriate box.

Medication	Strength	Breakfast		Lunch		Evening Meal		Bedtime Qty
		Before (Qty)	After (Qty)	Before (Qty)	After (Qty)	Before (Qty)	After (Qty)	

List below any drugs that are taken only when necessary, e.g. pain relievers, anginine etc

Medication	Strength

Please list any known or suspected drug allergies and the effect of the allergy