

Medical Response Form

Make sure this form goes with the person to the doctor.

Information Required	Answer
Medication:	
Purpose/Desired Effect:	
Response Time	
Unwanted Side Effects to Watch For	
Possible Interactions w/Other Drugs the Person is Currently Taking	
Special Administration or Storage Directions	
Is this drug a controlled substance?	
Is a generic substitute available for this medication, and is it indicated for this person?	