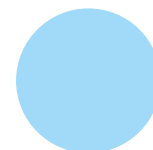
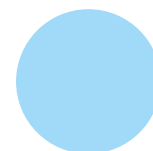
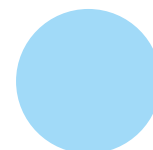
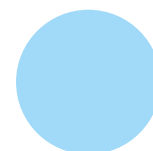


MEDICATION OVERVIEW

Name of medication	Taken when and how	Effect	Side-effects I have had	Attach icons
				
				
				
				

Look at illustration sheets A-D and attach relevant icons for your situation.

How worried am I about side effects from medication?

On a scale of 0 to 10, where 0 is 'Not at all' and 10 is 'Very'

