

Medication Form

Complete this Medication Form in the event you require a hospital admission. Fill out a new form when your medication schedule changes and keep an updated version in your hospital kit.

Name

Date form completed

Important names and numbers:							
Partner/Carer		Relationship	Phone	Phone			
Parkinson's Neurol	logist		Phone				
GP			Phone				
Pharmacy			Phone				
Basic Information: I was diagnosed with Parkinson's: (year).							
Medication List: List all medications you are taking for Parkinson's and other conditions, include supplements, OTC medications							
Medication	Dosage	Frequency/timing	Condition	Date commenced			



NB Maxolon / Stemetil/ Haloperidol may worsen Parkinson's symptoms and should be avoided.

Device Assisted Therapies

Duodopa Infusion :hrs
Morning dose:mls
Continuous Rate:mls/hr
Extra Dose:mls
No. of cassettes /day:
Check Stoma/PEG site:
Apomorphine Infusion:hrs
Product: Apomine or Movapo
Flow rate:mls/hr (mg/hr)
Bolus:mls (mg) max no. per day
Skin Check:

Deep Brain Stimulation device:

- Battery or rechargeable device
- Take with you to hospital details of your DBS, including neurologist, manufacturer, device instructions.
- Always check with your DBS team before having an MRI to ensure the procedure is safe for you.
- EEG and ECG Warning: Turn off DBS device before conducting ECG or EEG.
- For surgery Diathermy precautions apply.

If you have any questions, check with the prescribing clinicians, call the manufacturer (Medtronic 1800 510 6735; Abbott: 1800 727 7846; Boston Scientific: 1833 327 8324)