

## **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			
Parkinson's Neurologist		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	Apomorphine Infusion: hrs
Duodopa Infusion: hrs	Product: Apomine or Movapo
Morning dose: mls	Flow rate: mls/hr ( mg/hr)
Continuous Rate: mls/hr	Bolus: mls ( mg) max no. per day
Extra Dose: mls	Skin Check:
No. of cassettes /day:	

## **Deep Brain Stimulation device:**

Check Stoma/PEG site:

- 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)

Fight Parkinson's is a leading source of specialised health information and advice services. Through research, education and support, we strive to improve the lives of people living with Parkinson's, PSP, MSA and CBS.

Any medical information provided is for general information purposes only. You should always talk to your treating doctor and qualified healthcare providers for personal medical and health-related instructions.

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