

# Just Say *"Know"* to Prescription Drugs

## “Take This Form and Sign It”

We encourage you to join us and other doctors, experts, forward-thinking healthcare professionals and as many concerned citizens as we can reach, in an on-going crusade to raise public awareness about the importance of being an active participant in your own health, well being and quality of life.

By being one of the one million people who uses this form to review the medications you have been prescribed, you will be better positioned to make informed decisions about your physical and mental health. In addition, by acting in collaboration with other concerned citizens, we will be able to make our voices heard and raise public awareness of the importance of becoming an informed, and cooperative partner in our own healthcare and the healthcare of our families.

## Do This

- **List all the prescription medications in you are taking in the form below. (make copies as needed)**
- **Visit or send this form (keep a copy) to the prescribing doctors, pharmacists and other health care providers. Ask for an itemized listing below, of benefits, the side-effects of each drug.**
- **Ask the prescribing doctor to list references for non-drug alternatives.**
- **Ask for the healthcare provider’s signature acknowledging that, they have briefed you to the best of their ability.**

**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider’s signature**

**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

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**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

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**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

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**Drug:** \_\_\_\_\_

**Benefits:**

**Risks:**

**Alternatives:**

I affirm that I have explained the, purposes, efficacy, side affects and alternatives to the medications prescribed.

\_\_\_\_\_  
**Provider's signature**

**THE END**