

Metformin Medication

Patient Information

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Date of Prescription: _____

Healthcare Provider: _____

Medication Details

Medication Name: _____

Dosage Form: _____

Strength: _____

Route of Administration: _____

Dosage: _____

Frequency: _____

Duration: _____

Pharmacological Action

Mechanism of Action

Indications

Contraindications

Precautions

Complications

Common Side Effects

Serious Side Effects

Drug Interactions

Administration Instructions

Take with Food: _____

Dosage Timing: _____

Missed Dose Instructions:

Monitoring and Evaluation

Regular Blood Glucose Monitoring:

Assessment of Side Effects:

Patient Education

Medication Purpose and Importance:

Common Side Effects and When to Seek Medical Attention:

Dietary and Lifestyle Recommendations:

Importance of Medication Adherence:

Follow-up

Next Appointment Date: _____

Review of Medication Efficacy and Tolerance: