

Recommended To-Do List for < Insert member name >, DOB: < Insert member DOB >

Recommended To-Do List

Prepared on: < Insert CMR date >

You can get the best results from your medications by completing the items on this “**To-Do List.**”



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

What we talked about: < Insert summary of discussion for topic 1 >	What I should do: <input type="checkbox"/> < Insert action item for topic 1 > <input type="checkbox"/> < Insert action item for topic 1 >
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What we talked about: < Insert summary of discussion for topic 2 >	What I should do: <input type="checkbox"/> < Insert action item for topic 2 > <input type="checkbox"/> < Insert action item for topic 2 >
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What we talked about: < Insert summary of discussion for topic 3 >	What I should do: <input type="checkbox"/> < Insert action item for topic 3 > <input type="checkbox"/> < Insert action item for topic 3 >
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What we talked about: < Insert summary of discussion for topic 4 >	What I should do: <input type="checkbox"/> < Insert action item for topic 4 > <input type="checkbox"/> < Insert action item for topic 4 >
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