

My Medication Log

This chart helps keep information on medicines in one place. Keep an updated version in your binder to bring to appointments and use when talking to doctors by phone. Put a copy inside the medicine cabinet or lockbox to use when you refill weekly pill containers.

Name: _____ Date of Birth _____ Last updated: _____

Pharmacy name/Ph.#: _____

Name of Medication	Total Dosage (Example: 40 mg)	Date Rx started	Date Rx stopped	Directions: How Much/When/Special instructions (Example: 20 mg tablet morning, 20 mg tablet evening/Take with food/Avoid sun)	Prescription ID Number	Doctor/NP's Name/ Phone Number

Over-the-counter (non- prescription) medicines, vitamins, and herbs (including amounts and when taken):

Allergies: