Medication Log

Last Updated: _____ / _____ / _____

Name: _____   Birth Date: _____ / _____ / _____

Emergency Contact: _____   Phone: _____

MEDICATION LIST

Name of Medication*	Dosage	What medication looks like	What medication is treating	When and how to take medication	What NOT to do when taking medication	Prescribed by	Pharmacy that filled prescription	Prescription number	Date started/ Date ended

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Name of Medication	Dosage	What medication looks like	What medication is treating	When and how to take medication	What NOT to do when taking medication	Prescribed by	Pharmacy that filled prescription	Prescription number	Date started/ Date ended

Medication Log

REACTIONS

Drug Allergies and Other Significant Reactions

Prescription Name	Reaction

Recent Medications that Caused Problems or Did Not Work

Prescription Name	Problem

PHYSICIANS

Primary Care Physician

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

NOTES:

REACTIONS

Drug Allergies and Other Significant Reactions

Prescription Name	Reaction

Recent Medications that Caused Problems or Did Not Work

Prescription Name	Problem

PHYSICIANS

Primary Care Physician

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

NOTES:

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