

Medication Log

Why fill-out this form?

This list will help you, your loved ones and doctors keep track of all the medicines you're taking. Whether your medicines are prescribed or over-the-counter drugs or simply vitamins, this sheet will help you keep track of them. This sheet will also assist you in keeping track of how much of each medicine you take, when you take them, what you take each medication for, when you started a medicine and finished it, what medications are prescribed or over-the-counter and who prescribed the medication to you.

By using this form, you can prevent making medication errors, such as getting medications mixed up, making dosage errors and forgetting to take your medications.

Instructions (See Example Form Below)

1. In column one write the name of your medications and doses of each medication.
2. In column two write when you take it. Some examples are morning, noon, evening or night, or 6 a.m., 12 p.m., 6 p.m. or 10 p.m., or whichever way is simplest for you.
3. In column three list how many times a day you take each medicine.
4. In column four write the date, if known, of when you started taking each medication.
5. In column five write the date, if known, of when you stopped taking each medication.
6. In column six write if each medication is over-the-counter or prescribed.
7. In column seven write the name of the doctor, healthcare professional or medical facility that prescribed the medication to you,

NOTE: After filling out this sheet, keep it with you at all times. To ensure you always have a copy of this list, put it in your wallet, purse or somewhere, where it's easily accessible, in case of an emergency or unplanned doctor's visit.

