MY MEDICATION LOG

Page ____ of _____

(Use Additional Pages as Needed)

Bring your completed medication log with you whenever you see your doctors or pharmacist. Review this list with your doctors after any hospital stay.

Prescription Medications

Drug Name & Dose	How Often	Reason for Taking	Start Date	Prescribing Doctor

Over-the-Counter Medications, Including Vitamins, Herbs, Laxatives, Pain Relievers, etc.

Name & Dose	How Often	Reason for Taking	Start Date	Prescribing Doctor