

Name: _____

MEDICATION LOG

Date: _____

- Please list all of the medications that you are currently taking, and any medications that you have taken in the last 6 months.
- Be sure to include any over-the-counter medications, vitamins, aspirins, herbal supplements, etc. that you take regularly.
- Please list the approximate start date of each medication (please put down your best guess), and list the date you stopped taking them if you are not taking them now.
- If you are still taking the medication(s), please disregard the stop date.

Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____

Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____

Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____

Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____

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Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____

Medication : _____

Dose (mgs): _____ Start date: _____ Stop Date: _____

How often do you take it?: _____

Reason for medication: _____

Name of prescribing doctor: _____