Medication Tracking

Patient name: _____ DOB: _____ Date completed: _____

Keeping a list of your medications is critical, as they are an important aspect of your health care. This list should include medication name, dose and directions. Include prescriptions, over-the-counter medications, vitamins and supplements. Thank you for your full participation in your health care.

Medication name	Prescribed dose	Instructions	Dates taken
Example: Acetaminophen	*325 mg*	*1 – 2 tablets every 6 hours, as needed*	*January 2015 to present*
Example: Calcium	*400 mg*	*1 tablet, 2 times daily*	*April 2019 to present*