

My Medication Log

Use this log to record the medications you are taking and note any concerns you have about them to discuss with your doctor. Bring this log with you when you go for all doctor appointments.

Medication Name and Dosage	Name of the Doctor Who Prescribed the Medication	Date on the Medication Bottle	Are You Still Taking This Medicine?	Are You Having Any Trouble With This Medicine?	How Many Pills Do You Take at One Time?	How Many Times a Day Do You Take Your Medicine?	Problems With the Medication
			Yes () No ()	Yes () No ()			
			Yes () No ()	Yes () No ()			
			Yes () No ()	Yes () No ()			
			Yes () No ()	Yes () No ()			
			Yes () No ()	Yes () No ()			

List any questions for your doctor below:

1. _____
2. _____
3. _____
4. _____

Allergies

Your Name _____

Address _____

Phone Number _____

Doctor's Name _____

Doctor's Address _____

Doctor's Phone Number _____

Emergency Contact _____