MEDICATION LOG

Print this Personal Medication Record to keep track of your medications (Rx and over-the-counter). Add your new medications to the list as you receive them. Write done the name of your medicine, reason you take it, the dose and when you take it in the spaces provided. Show your list to your healthcare professionals (including your pharmacist).

Name of medicine	Reason taken	Dosage	Time(s) of day

Over - the - Counter Medicines
(Check all boxes that apply)

☐ Laxatives	☐ Cough medicine
☐ Dietary Supplements / Herbals	☐ Allergy medicine
☐ Vitamins	☐ Antacids
☐ Cold/flu medicine	☐ Sleeping pills
☐ Aspirin/other pain,headache, or fever medicine	☐ Others (names)