

## Medication List

Name:

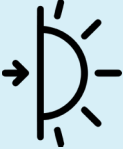

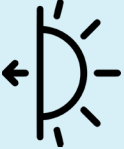


Pharmacy Name:

Date of Birth:

Phone Number:

Medication and dose (ie. Morphine/5mg)	Purpose / What is it for?	How often is it taken? (ie. twice daily, as needed, etc)	Special instructions or comments (ie. Take with food, avoid grapefruit, etc)	Prescribing Physician or Nurse Practitioner	Medication discontinued (date)

## Medication Schedule - Weekly Tracking

	Medication and dose <i>(ie. Morphine/5mg)</i>	Scheduled time	Medication taken? (indicate with a check or the time taken)							Time to refill? Y/N	
			Su	M	T	W	Th	F	Sa		
Morning 											
Noon 											
Afternoon 											
Bedtime 											
As Needed 											

Helpful considerations for the medication tracker

For as needed medications, it's helpful to track the time it was taken, what caused the need for the extra medication, and if it was effective. This information can help healthcare providers as it may indicate a need to change a medication dose.