

Medication Tracking

Patient name:	_ DOB:	Date completed:
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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