



Reminder Tools My Medication Log

Medication Log for: _____

Pharmacy Name: _____

Doctor Name: _____

Pharmacy Phone: _____

Doctor Phone: _____

Use this log to keep track of any medications you take, including prescriptions (those written by your doctor) and any over-the-counter medicines and vitamins.

Be sure to bring this list with you when you see your doctor or pharmacist.

TIP: make several blank copies, and use a pencil to complete the log so you can make changes as needed.

Medication Name	Reason for Taking	Dosage	Time (choose all that apply)				Form	Date Started	Date Stopped	Notes
			Morn.	Noon	Eve.	Bed				
Example: telmisartan	High blood pressure	40 mg, once/day	x				White tablet	1/12/09		List special instructions or any other important information

