

Medication Tracker

My Doctor's Name: _____

My Doctor's Phone No: _____

In Case of Emergency,
Contact: _____

It is very important that you take your medications every day, exactly as your doctor has prescribed. This medication tracker has two pages; the first page lists all your medications and how they should be taken, while the second page is a weekly medication diary for you to keep track that you have taken your medications properly each day.

Take this first page with you to your doctor's appointment so that they can help you complete it. Keep a copy with you and make sure that a family member or caregiver knows where it is.

My Medications:

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ pills, at _____

What the medicine does: _____

I take it: _____ time per day **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ pills, at _____

What the medicine does: _____

I take it: _____ time per day **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ pills, at _____

What the medicine does: _____

I take it: _____ time per day **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ pills, at _____

What the medicine does: _____

I take it: _____ time per day **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ pills, at _____

What the medicine does: _____

I take it: _____ time per day **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

