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Medication List

MEDICATIONS

NAME _____ DATE OF BIRTH _____ LAST UPDATED _____

CURRENT MEDICATIONS

Include prescriptions, over-the-counter medicines, vitamins, and supplements.

MEDICATION & strength	DOSE	HOW TAKEN	WHEN / times	WHAT IT'S FOR	PRESCRIBER	PHARMACY	START date

PRESCRIBERS & PHARMACIES

PRESCRIBER	SPECIALTY	PHONE

PHARMACY	PHONE	HOURS / NOTES

ALLERGIES & DRUG REACTIONS

ALLERGIES _____

REACTIONS _____

NOTES (CRUSHING, FOOD TIMING, SPECIAL INSTRUCTIONS)

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Monthly Medication Record

MEDICATIONS

MONTH / YEAR _____ NAME _____ ALLERGIES _____

MEDICATION / DOSE / ROUTE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HOW TO USE Write initials in the box when a dose is given. Use one row per dose time. Codes: R = refused H = held (per prescriber) N = not available A = away S = asleep X = not scheduled. Explain any code or missed dose in the notes log. Follow the pharmacy label and prescriber's instructions.

INITIALS ____ = NAME _____ INITIALS ____ = NAME _____ INITIALS ____ = NAME _____

For personal record-keeping. Not medical advice.

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As-Needed Medication Log *PRN*

MEDICATIONS

NAME _____ **MONTH** _____

For medications taken only when needed (e.g., for pain, nausea, sleep, or anxiety). Check the label for the minimum time between doses.

DATE	TIME	MEDICATION & DOSE	REASON GIVEN	RESULT & time checked	GIVEN BY

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Medication Changes & Refills

MEDICATIONS

NAME _____ DATE OF BIRTH _____

MEDICATION CHANGES

New, stopped, or dose changes. Share updates with every doctor and pharmacy.

DATE	MEDICATION	CHANGE new / dose / stop	DETAILS old new	ORDERED BY	REASON	LIST updated
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

REFILL TRACKER

MEDICATION	RX #	PHARMACY	REFILLS left	REFILL date	REFILL date	REFILL date	REFILL date

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