

Medication Chart



Use this chart to keep track of the medications (prescription and other vitamins etc) you are taking.

Share this list with your caregivers, doctor and pharmacist. Please discuss any questions or concerns you have about your medication with a health professional.

Name of medication (include brand name and ingredients)	Dosage	Time when taken	Reason for taking	Side effects experienced after taking

(Family Doctor) (Telephone)

(Email)

(Pharmacy Name & Prescription #) (Telephone)

(Email)

(Emergency Contact) (Telephone)

(Email)

Additional Contacts:

1 _____

2 _____

3 _____