



Personal Medication Log

This is a tool to help you track all medications you are taking. Keep your log up-to-date and take a copy with you every time you see a doctor. Print as many copies as you need to track all of your prescriptions and over-the-counter medications.

Your Name:

Known Allergies and Drug Reactions:

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|---------------------------------------|-----------------------------|------------------------------------------------------|----------------|---------------------|
| Name of Medication | Date began taking | Dosage (Example: 10 mg) | Effect(s) | Prescribed by (Dr.) |
| Last Filled at (pharmacy and phone #) | Date Dr. stopped medication | How Much to Take & When (Example: 1 tablet daily) | Side effect(s) | Dr's Phone # |

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