

Medication Tracker

Keep track of all medications you are taking—including prescriptions, over-the-counter medicine, vitamins and herbs. Bring your medication tracker to your doctor's visit. Remember to update whenever you add or drop a medication or supplement. Print extra pages if you need space for more medications.

Medication: _____
(include brand and generic names)

Dose: Take _____ times per day at (circle all that apply): 12-1 a.m. / 2-3 a.m. / 4-5 a.m. / 6-7 a.m. / 8-9 a.m. / 10-11 a.m. / 12-1 p.m. / 2-3 p.m. / 4-5 p.m. / 6-7 p.m. / 8-9 p.m. / 10-11 p.m.

Reason for taking: _____

Prescribed by: _____ **Date started:** _____

Pharmacy name and number: _____

Medication: _____
(include brand and generic names)

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Notes: _____

To view this online, go to: <http://HealthyAdvice.com/Managing-Medications-After-Leaving-Hospital>