Medication Tracking Form

Name:	Date of Birth:
Doctor(s):	
Pharmacy and Location:	
Allergies and Reactions:	

List all medicines you are currently taking. Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids, vitamins) and herbals (examples: ginseng, gingko).
Include medications taken as needed (example: nitroglycerin, inhalers).

START DATE	NAME OF MEDICATION	DOSE	DIRECTIONS *(How do you take it? When? How often?)*	DATE STOPPED	NOTES *(Reason for taking?)*