

Work closely with your healthcare professionals to fill out this convenient medicine tracker. Be sure to include all prescriptions, over-the-counter medications, and any vitamins or supplements you will be taking.

Print this tracker and fill it out. Once you're finished, make copies for as many weeks as your doctor feels you'll require medications. Then put this weekly medicine tracker on your refrigerator, in your bathroom, or somewhere handy to help you and your caregivers stay on track.

	Dosage	Reasons for Taking	Taken (x) Times a Day	Times to Take	Possible Side Effects	Notes
Medication 1 _____				____AM ____PM		
Medication 2 _____				____AM ____PM		
Medication 3 _____				____AM ____PM		
Medication 4 _____				____AM ____PM		
Medication 5 _____				____AM ____PM		

DATE: _____ / _____ / _____