

MEDICATION LOG

Week of: _____

Patient Name: _____

DOB: _____

Daily Routine Medications

MEDICATION & STRENGTH	DOSAGE	TIME	M	T	W	T	F	S	S	SPECIAL INSTRUCTIONS
Example: Lisinopril 10mg	1 Tablet	08:00 AM								With food

As Needed (PRN) Medications

MEDICATION	REASON	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME
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MEDICATION	REASON	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME
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Contact Physician immediately if doses are missed or adverse reactions occur.