

MEDICATION MONITORING

Date: _____

Medication Name: _____

Dosage/Time: _____

SIDE EFFECT	SEVERITY (1-5)	TIME NOTICED	OBSERVATIONS / TRIGGERS
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Nausea /
Digestive

Dizziness /
Fatigue

Headache

Mood / Sleep
Changes

Other:

Other:

Additional Notes (Appetite, Water Intake, Physical Activity):

Note: This log is for personal tracking. Consult a healthcare professional immediately for severe symptoms.