

MEDICATION SIDE EFFECT TRACKER

Patient Name: _____

Medication & Dosage: _____

Start Date: _____

Prescribing Doctor: _____

DATE / TIME	SIDE EFFECT DESCRIPTION	SEVERITY (1-5)	DURATION	NOTES (TRIGGERS, RELIEF, ETC.)
----------------	----------------------------	-------------------	----------	-----------------------------------

Scale: 1: Very Mild (Noticeable but no interference) 3: Moderate (Interferes with some activities) 5: Severe (Unable to function/Requires immediate contact)

Disclaimer: This chart is for personal tracking only. If you experience suicidal thoughts, allergic reactions, or severe physical symptoms, contact emergency services immediately.