

# MEDICATION SIDE EFFECTS LOG

Month/Year: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>DATE/TIME</b>	<b>MEDICATION &amp; DOSAGE</b>	<b>SIDE EFFECT DESCRIPTION</b>	<b>SEVERITY (1-5)</b>	<b>NOTES / ACTION TAKEN</b>
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<b>DATE/TIME</b>	<b>MEDICATION &amp; DOSAGE</b>	<b>SIDE EFFECT DESCRIPTION</b>	<b>SEVERITY (1-5)</b>	<b>NOTES / ACTION TAKEN</b>
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**Severity Scale:** 1 = Very Mild (Noticeable but no impact) | 3 = Moderate (Interferes with daily tasks) | 5 = Severe (Requires immediate medical attention)

This document is for personal tracking. Always consult your physician regarding medication changes or severe symptoms.