

MEDICATION SIDE EFFECTS TRACKER

Month/Year: _____

Patient Name: _____

Medication & Dosage: _____

DATE / TIME	SIDE EFFECT DESCRIPTION	SEVERITY (1-10)	DURATION	NOTES / POTENTIAL TRIGGERS (FOOD, SLEEP, STRESS)
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1 - Very Mild / Barely Noticeable 5 - Moderate / Affects Daily Activities 10 - Severe / Requires Medical Attention

Note: This log is for tracking purposes. Always consult your physician regarding side effects or changes to your medication regimen.