

# MEDICATION SIDE EFFECTS LOG

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

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

Primary Physician: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

<b>DATE / TIME</b>	<b>MEDICATION NAME</b>	<b>SIDE EFFECT DESCRIPTION</b>	<b>SEVERITY (1-5)</b>	<b>DURATION</b>	<b>ACTION TAKEN / NOTES</b>
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*\* Severity Scale: 1 = Very Mild (Barely Noticeable), 3 = Moderate (Affects Daily Activity), 5 = Severe (Seek Medical Attention Immediately)*