Medication Log

Last Updated: _____/ ____/ _____/

 Name:

 Birth Date:
 /_____

....

Emergency Contact: ______ Phone: ______

VA Caregiver Support Line 1-855-260-3274 toll-free

Monday through Friday, 8:00 am – 11:00 pm ET Saturday, 10:30 am – 6:00 pm ET

Name of Medication* Dosage What medication is treating When and how take medication What NOT to do when filed prescription Pharmacy that filed prescription Pharmacy that filed prescription Date Date Date Image: Image	MEDICATION LIST									
Image: selection of the	Name of Medication*	Dosage	What medication looks like	What medication is treating	When and how to take medication	What NOT to do when taking medication	Prescribed by	Pharmacy that filled prescription	Prescription number	Date started Date ended
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MEDICATION LIST									
Name of Medication	Dosage	What medication looks like	What medication is treating	When and how to take medication	What NOT to do when taking medication	Prescribed by	Pharmacy that filled prescription	Prescription number	Date started/ Date ended
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Medication Log

REACTIONS

Drug Allergies and Other Significant Reactions Prescription Name Recent Medications that Caused Problems or Did Not Work **Prescription Name**

PHYSICIANS Address: Phone: Address: Phone: Specialist Address: Phone: Specialist Phone: Address:

NOTES:

REACTIONS

Drug Allergies and Other Significant Reactions
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Prescription Name	Reaction
	used Problems or Did Not Work
Recent Medications that Cat Prescription Name	used Problems or Did Not Work Problem

PHYSICIANS					
Primary Care Physician					
Phone:	Address:				
Specialist					
Phone:	Address:				
Specialist					
Phone:	Address:				
Specialist					
Phone:	Address:				
Specialist					
Phone:	Address:				

NOTES: