Medication Log

www.ourfamilydoctors.net

Name:_____Date:_____ Birth Date:_____

Prescribed Medications	Strength	Directions	Reason for taking	Prescribing Doctor
***Example**: Metoprolol Succinate*	*25 mg*	*1 every morning*	*High blood pressure*	*Dr. Doe*

Over The Counter Medications & Vitamins	Strength	Directions	Reason for taking
***Example**: Fish Oil*	*400mg*	*3 times a day*	*Cholesterol*

Herbal Supplements	Strength	Directions	Reason for taking
***Example**: Ginkgo Biloba*	*60 mg*	*Twice daily*	*Memory*

Drug Allergies	**Type of Adverse Reactions**

PLEASE BRING THIS MEDICATION LOG WITH YOU TO YOUR NEXT OFFICE VISIT

If you run out of room please use the back of this form to list any additional medications