

# Medication Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## What pills and or medications do you take?

### Please list all those prescribed to you by your doctor:

(such as diabetes pills, insulin, heart pills, cholesterol pills, blood pressure pills etc...)

<b>Name of Medication: &amp; Dosage</b>	<b>How many per day?</b>	<b>When do you take them?</b>
Eg: Diabeta 5 mg	Twice a day	Before breakfast and before supper

### Please list those that you buy over the counter:

(such as vitamins, laxatives, diet pills, cough/cold medicine, pain medication, including herbal products etc....)

<b>Name of Medication: &amp; Dosage</b>	<b>How many per day?</b>	<b>When do you take them?</b>
Eg: Advil 200 mg	Once a day	Before Bed