



MEDICATIONS LOG



Current:

Med/Supplement Name	Rx/ OTC	Date Started	Date Ended	Prescribing Doctor	Prescribed For	Dosage Amount	Frequency Taken	Precautions (with food, avoid sun, etc...)

Past:

Med/Supplement Name	Rx/ OTC	Date Started	Date Ended	Prescribing Doctor	Prescribed For	Dosage Amount	Frequency Taken	Reason Stopped

Name: _____



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