## **Medication Tracker**

Patient Information					
Name:					
Date of Birth:					
Contact Number	:				
Allergies/Reaction	ons:				
Medication Schedule					
Date	Medication Name	Dosage	Time	Taken (√/X)	Side Effects/ Notes
Prescribing Doo					1
Name:					
Contact:			<del></del>		
Pharmacy Infor					
Name:					
Phone:					

## Instructions

- 1. Write the name of each medication you take, including prescriptions, over-the-counter drugs, and supplements.
- 2. Record the dosage of the medication.

- 3. Note the time you are supposed to take each medication.
- 4. Mark √ if you have taken the medication, or X if you have missed it.
- 5. Use the 'Side Effects/Notes' column to record any reactions or important information about the medication.

## **Additional Notes**

[Space for any additional notes or observations]:

**Disclaimer:** This template is for personal tracking purposes only and is not a substitute for professional medical advice. Always consult with a healthcare provider for medication management and treatment decisions.