Medication Tracker

Patient Information

Name:

Date of Birth:

Contact Number:

Allergies/Reactions:

Medication Schedule

Date	Medication Name	Dosage	Time	Taken (✓/✗)	Side Effects/ Notes
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

Prescribing Doctor

Name: _____

Contact: _____

Pharmacy Information

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 ✗ 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.