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Weekly Medication Chart

Tick each box as the dose is given. One sheet a week.

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Name _____ Week of _____

Allergies _____ Pharmacy phone _____

MEDICINE AND DOSE	TIME	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING usual time: _____								
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
MIDDAY usual time: _____								
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
EVENING usual time: _____								
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
BEDTIME usual time: _____								
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Missed or refused a dose? Mark the box with an **X** and write what happened on page 4. Never give an extra dose to catch up unless the doctor or pharmacist says to.

Daily Medication Log

Write the time and your initials the moment a dose is given, so nobody gives it twice.

Name _____ Date _____

TIME DUE	MEDICINE AND DOSE	GIVEN AT	INITIALS	NOTES

Who's who

INITIALS	CAREGIVER	INITIALS	CAREGIVER

Notes

Medication List

Every medicine in one place, including over-the-counter medicines, vitamins and supplements.

MEDICINE AND STRENGTH	HOW MUCH AND WHEN	WHAT IT IS FOR	PRESCRIBED BY	STARTED

Pharmacy _____ **Pharmacy phone** _____

Doctor _____ **Doctor phone** _____

Bring this list to every appointment, and check it with the pharmacist whenever a medicine is added, stopped or changed.

Notes

Missed Doses, Side Effects and Refills

The details the doctor or pharmacist will ask about.

Missed or refused doses

DATE	MEDICINE	WHAT HAPPENED	DOCTOR OR PHARMACIST TOLD?

Side effects noticed

DATE	WHAT YOU NOTICED	MEDICINE YOU SUSPECT	WHAT YOU DID

Refills

MEDICINE	REFILLS LEFT	ORDER BY	PICKED UP

Questions for the doctor or pharmacist

Tracking blood pressure too?

The Blood Pressure & Medication Log keeps 12 months of readings and medicines in one large-print, fillable log.
shop.elderlydaily.com/l/blood-pressure-medication-log

This chart is for keeping records only. It is not medical advice. Confirm medicines, doses and times with the doctor or pharmacist.