

# Medication Log

It is helpful for your physician to know about the types of medications you are currently taking. Because many people cannot recall details of prescriptions or over-the-counter medications at the doctor's office, print out and complete this form to bring to your appointment. You may want to add notes or comments at the bottom of this form about any complaints that you have about your health or allergic reactions to certain medications.

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Medication Name	Why are you taking this medication?	Dosage	How long have you been taking this medication?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Other Comments:**

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