



## **Medication Log**

Use this tool to monitor changes made to your loved one's medications over time. The type, date and effects of these changes can be recorded and monitored between doctor visits. This log can then be brought to future doctor appointments to track the negative and positive side affects to further alter dosages to ensure the right use of each medication individually as well as the effects of all the medications taken together as a group.

### **SAMPLE**

Start Date: 12/10/08 Medications For: Joe Walker, Sr. Log Prepared By: Joe Walker, Jr.

Brand Name: Seroquel

Generic Name: Quetiapine fumarate

Date Prescribed (mo/yr): January, 2009

Doctor: Dr. Ryan Smith

Pharmacy: CVS - Boston

Monthly Cost: \$50

Reason: Dementia - Delusions

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
1/13/09	50 MG	2	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input checked="" type="checkbox"/> Bed	Seems to be doing better, a little tired mid-day
5/20/09	100 MG	2	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input checked="" type="checkbox"/> Bed	Dosage increased by Dr. Smith at appointment on 4/15/09. Increased dosage is managing delusions better. Still somewhat tired after taking morning dosage; appetite decreasing.



**Medication Log**

Start Date: \_\_\_\_\_ Medications For: \_\_\_\_\_ Log Prepared By: \_\_\_\_\_

**Medication #1**

Brand Name: \_\_\_\_\_

Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_

Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #2**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #3**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #4**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #5**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #6**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #7**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #8**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #9**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	



**Medication #10**

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Date Prescribed (mo/yr): \_\_\_\_\_ Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Reason: \_\_\_\_\_

<u>Date</u>	<u>Dosage</u>	<u>Doses Daily</u>	<u>Times of Day</u>	<u>Observations</u>
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bed	