Worksheet 3

Medications

You may be taking many different medicines as well as numerous vitamins and over-the-counter drugs. It can be confusing to keep track of everything! This form can help. Because your medication regimen may change over time, make a copy of the blank form so you will always have a clean copy to use. Try to bring a completed and updated copy of this form to every doctor appointment.

Name of Drug	What It's For	Date Started	Doctor	Color/ Shape	Dose	Instructions