CARE GIVING HELP

cje SeniorLife
773.508.1000

Medication Worksheet			Name:			Date:
You may be taking many different medications, including numerous vitamins, supplements, over the counter drugs, eye drops, and/or creams taken regularly or as needed. It can be confusing to keep track of eoverything. It is our hope that this worksheet will help. Make a blank copy and update as your medications change. Be sure to bring a current copy to each of your health care professionals, including your pharmacist, dentist, and opthalmologist.						
Name of Medication	**Date Started**	**Purpose**	**Prescribed By**	**Dosage/Strength**	**Times Taken Daily**	**Instructions and reminders**

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