

Home Medication Management Form

Take list to all medical appointments

Name of Medicine	What it is for	Amount taken	When to take it	Date Began/Ended
Example: Centrum	General Health	1 multi-vitamin	With breakfast	Everyday
Keep a record of all medicines and supplements you use				
All Prescription Medication	Vitamins	Minerals	Herbal Supplements	Other Supplements
Pain Medicine (Aspirin, Tylenol)	Cold/Cough Medicine	Diet Pills	Antacids	Diuretics
Laxatives	Sleeping Pills	Allergy Medicine	Stimulants	Other