



Medication Log

A Caregiver's Binder-Ready Medication Tracking Packet

Patient Name:

Caregiver Name:

Date Started:

Primary Pharmacy:

Pharmacy Phone:

Print each section, hole-punch, and organize with tabbed dividers.

Keep this log updated and bring it to every appointment.

Current Medications

Medication Name:

Dosage:

Frequency: (e.g., once daily, twice daily, as needed)

Time(s) Taken: (e.g., morning, evening, with meals)

Prescribing Doctor:

Date Started:

Purpose / Reason:

Still Active

Medication Name:

Dosage:

Frequency: (e.g., once daily, twice daily, as needed)

Time(s) Taken: (e.g., morning, evening, with meals)

Prescribing Doctor:

Date Started:

Purpose / Reason:

Still Active

Medication Name:

Dosage:

Frequency: (e.g., once daily, twice daily, as needed)

Time(s) Taken: (e.g., morning, evening, with meals)

Prescribing Doctor:

Date Started:

Purpose / Reason:

Still Active

Medication Name:

Dosage:

Frequency: (e.g., once daily, twice daily, as needed)

Time(s) Taken: (e.g., morning, evening, with meals)

Prescribing Doctor:

Date Started:

Purpose / Reason:

Still Active

Medication Name:

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Dosage:

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Prescribing Doctor:

Date Started:

Purpose / Reason:

Still Active

Daily Medication Schedule

Use this page to map out the daily medication routine at a glance.

Morning

	Medication	Dosage	Time
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Afternoon

	Medication	Dosage	Time
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Daily Medication Schedule (continued)

Evening

	Medication	Dosage	Time
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Bedtime

	Medication	Dosage	Time
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Medication Changes Log

Track any changes to medications — additions, dosage adjustments, or discontinuations.

Date of Change:

Medication:

Change Made: (e.g., increased dosage, discontinued, switched to new med)

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Date of Change:

Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Date of Change:

Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Date of Change:

Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

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Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Date of Change:

Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Date of Change:

Medication:

Change Made:

New Dosage (if applicable):

Reason for Change:

Ordered By (Doctor):

Notes:

Refill Tracker

Keep track of prescription refill dates so nothing runs out.

Medication Name	Pharmacy	Rx #	Last Refill	Next Refill Due	Refills Left	Done
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Side Effects & Reactions Log

Document any side effects or adverse reactions. Bring this to your next appointment.

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken: (e.g., called doctor, stopped medication, went to ER)

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Date:

Medication:

Side Effect / Reaction:

Severity: Mild Moderate Severe

Action Taken:

Doctor Notified? Yes No

Outcome / Follow-Up:

Over-the-Counter Medications & Supplements

List all vitamins, supplements, and OTC medications being taken. Doctors need this info to check for interactions.

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

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Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Product Name:

Type: Vitamin Supplement OTC Medication Herbal

Dosage:

Frequency:

Purpose:

Still Taking

Medication Questions for the Doctor

Write down questions before your appointment so you don't forget anything.

Question #1:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #2:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #3:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #4:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #5:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #6:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #7:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #8:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #9:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Question #10:

Related Medication:

Doctor's Answer / Notes:

Date Asked:

Allergy & Emergency Medication Info

Keep this page at the front of your binder. Update it immediately when anything changes.

Known Allergies

Allergy	Reaction	Severity
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Critical / Emergency Medications

List medications that must NOT be missed or stopped suddenly.

Medication	Dosage	Why It's Critical

Emergency Contacts

Name	Relationship	Phone

Pharmacy & Insurance Information

Primary Pharmacy:

Pharmacy Phone:

Insurance / Rx Plan:

Doctor’s Office Portal Login:

Password:

Medication Log | Prepared April 25, 2026 | Keep this binder updated and bring it to every appointment.