NEUROHELP™ EDUCATION NETWORK

Weekly Prescription Medication Tracker

A strategic framework for multi-prescription management and adherence verification

Patient Name:		**Tracking Week:**	Week of: [/ /]
Primary Care:		**Emergency Contact:**	

MEDICATION NAME & DOSAGE	SCHEDULED TIME(S)	MON	TUE	WED	THU	FRI	SAT	SUN
1.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐
2.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐
3.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐
4.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐
5.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐
6.	Morning / Midday / Night	☐	☐	☐	☐	☐	☐	☐

REFILL MONITOR & SUPPLY LEVELS

☐ Rx 1: _____ Refill Date: ___/___

☐ Rx 2: _____ Refill Date: ___/___

☐ Rx 3: _____ Refill Date: ___/___

☐ Rx 4: _____ Refill Date: ___/___

SYMPTOM LOGS & SIDE EFFECTS

Note any missed doses, changes in blood pressure, dizziness, cognitive clarity profiles, or physiological responses to review during your next clinical evaluation.

CRITICAL PUBLIC HEALTH NOTICE

Consistent medication adherence forms a baseline barrier against acute stroke and recurrent seizures. If sudden focal neurological deficits occur—such as facial dropping, unilateral upper limb weakness, or expressive speech disruptions—immediately execute the medical **FAST** evaluation protocol and call 911.