CONFIDENTIAL

MEDICATION LOG

Date _____ SS/HIC/Patient ID# _____

Patient Name_____ Date of Birth _____

Home Phone ( )_____ Cell Phone ( )_____ Work Phone ( )_____ Ext____

Pharmacy_____ Pharmacy Phone ( )_____

MEDICAL/ALLERGY ALERTS

Does the patient take birth control pills or patch? ☐ No ☐ Yes (See Details Below)

RX Date	A,C,P[1]	☐ Brand ☐ Generic Medication	Strength	Qty	Freq	# of Refills	DX	Future Refills Date and Initial	Stop Date	Stop Reason

MEDICATIONS PRESCRIBED BY OTHER PHYSICIANS

RX Date	A,C,P[1]	☐ Brand ☐ Generic Medication	Strength	Qty	Freq	# of Refills	DX	Prescribing Physician	Stop Date	Stop Reason

VITAMINS, SUPPLEMENTS, HERBS PATIENT IS TAKING

Start Date	Brand Name	Manufacturer	Strength	Qty	Freq	Condition/Notes	Stop Date	Stop Reason

[1]A=Acute, C=Chronic, S=Symptoms

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