

Name \_\_\_\_\_

## Prescription Medicine Record

Include prescribed medicines.

Record how you are actually using the medicine, and share the information with your healthcare provider.

Name of Medicine (Generic/Brand) and the date I began to take it	Who prescribed it?	What is it supposed to do?	How much I should take each time?	How many times each day or week, etc.?	At what times?	When should I stop taking the medication or have it reviewed by the prescriber?	Information about this medicine's possible side effects, what I should be careful about, and how it can interact with other medicine or food	Is the medicine working the way I wanted?