Daily medication log

Date: _____

Name: _____ Allergies: _____ Emergency contact: _____ Pharmacy: _____

Planned time	Medicine, strength, amount, reason	Looks like (color, shape, imprint)	Time taken	Initials	Notes (missed, refused, side effects)

As-needed doses

Date and time	Medicine and amount	Why it was taken	Initials	Did it help?

Write your initials in the box after each dose. Leave a missed dose blank and note why. This log is a record, not medical advice: follow your label and ask your pharmacist if anything doesn't match. Free template from www.aipillid.com