# Weekly medication log

Week of: _____

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

| Medicine, strength, amount, reason | Looks like (color, shape, imprint) | Time | Day 1 ____ | Day 2 ____ | Day 3 ____ | Day 4 ____ | Day 5 ____ | Day 6 ____ | Day 7 ____ |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**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