MEDICATION ADMINISTRATION RECORD

List every medicine, vitamin and supplement. Tap a box to type on a tablet, or print it blank and fill by hand. Bring this sheet to every doctor and pharmacy visit.

PATIENT NAME

DATE OF BIRTH *(MM / DD / YYYY)*

PRIMARY DOCTOR *(name & phone)*

PHARMACY *(name & phone)*

EMERGENCY CONTACT *(name & phone)*

DATE PREPARED / UPDATED

ALLERGIES *(medicines, foods — type "NONE KNOWN" if none)*

CURRENT MEDICATIONS

#	MEDICATION & STRENGTH	DOSE	ROUTE	WHEN TO TAKE	PURPOSE / NOTES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Tip: type the medicine name exactly as printed on the bottle, including the strength (e.g. "Atorvastatin 20 mg").

SPECIAL INSTRUCTIONS

e.g. take with food · do not crush · separate from other medicines · refrigerate

WEEKLY DOSE TRACKER

One line per scheduled dose. Tap (or tick) the day box each time a dose is given. A medicine taken twice a day uses two lines — that way every single dose is checked off and nothing is missed or doubled.

WEEK OF *(start date)*

WEEK ENDING

PATIENT NAME

MEDICATION	TIME	MON	TUE	WED	THU	FRI	SAT	SUN
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
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		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

CAREGIVERS *(who gives the medicine)*

NOTES & SIDE EFFECTS TO REPORT

Write down anything to tell the doctor — missed doses, new symptoms, side effects, questions.

Always confirm doses with your doctor or pharmacist before making any change. Keep this record with the medicines and bring it to every appointment.