

# My Medications

Print and use this sheet to keep track of your medications. See the example to the right.

Your Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Name: Advil  
Strength: 200 mg  
Dose: 2 tablets  
Frequency: Every 4 hours if needed for pain

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Drug Name: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_

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Strength: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_