

Medication Log

Last Updated: ____/____/____

Name: _____ Birth Date: ____/____/____

Emergency Contact: _____ Phone: _____

VA Caregiver Support Line

1-855-260-3274 toll-free

Monday through Friday, 8:00 am – 11:00 pm ET

Saturday, 10:30 am – 6:00 pm ET

MEDICATION LIST

| Name of Medication* | Dosage | What medication looks like | What medication is treating | When and how to take medication | What NOT to do when taking medication | Prescribed by | Pharmacy that filled prescription | Prescription number | Date started/ Date ended |
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www.caregiver.va.gov



DISPLAY THIS FORM PROMINENTLY IN YOUR HOME IN CASE OF EMERGENCY.

MEDICATION LIST

| Name of Medication | Dosage | What medication looks like | What medication is treating | When and how to take medication | What NOT to do when taking medication | Prescribed by | Pharmacy that filled prescription | Prescription number | Date started/ Date ended |
|--------------------|--------|----------------------------|-----------------------------|---------------------------------|---------------------------------------|---------------|-----------------------------------|---------------------|-----------------------------|
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Medication Log

| REACTIONS | |
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| Drug Allergies and Other Significant Reactions | |
| Prescription Name | Reaction |
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| Recent Medications that Caused Problems or Did Not Work | |
| Prescription Name | Problem |
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| PHYSICIANS | |
|------------------------|----------|
| Primary Care Physician | |
| | |
| Phone: | Address: |
| | |
| Specialist | |
| | |
| Phone: | Address: |
| | |
| Specialist | |
| | |
| Phone: | Address: |
| | |
| Specialist | |
| | |
| Phone: | Address: |
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NOTES:

REACTIONS

Drug Allergies and Other Significant Reactions

| Prescription Name | Reaction |
|-------------------|----------|
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Recent Medications that Caused Problems or Did Not Work

| Prescription Name | Problem |
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PHYSICIANS

Primary Care Physician

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| | |
| Phone: | Address: |

Specialist

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| Phone: | Address: |

Specialist

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| Phone: | Address: |

Specialist

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| Phone: | Address: |

Specialist

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| Phone: | Address: |

NOTES:
