

# Medications and Supplements

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# Get the Most from Your Health and Wellness Record

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## Medications and Supplements

### **Medication List (Scheduled/ As Needed):** [Print as many pages as you need](#)

This page should be used to list all your current medications, the dose, frequency of use, purpose, prescriber and any special instructions.

- If you no longer take a medication, use a red pen to put a line through the medication; under the special instructions section would write “stopped” and the date the medication was discontinued.
- List medications you take routinely first, then any medications you take as needed. It may be helpful to have a page for scheduled/routine medications and a separate page for as-needed medications.
- For any changes, put a red line through the information, then write the new dose or information. If you like a cleaner look, you can also rewrite the page any time you make changes.

### **Supplement List:** [Print as many pages as needed](#)

Use this page to write down the full name of any supplements you use. Include the dose you take, you may need to read the dosing instructions on the bottle so you can accurately record what you take.

Be sure to include any unit measurements like milligrams (mg) or international units (iu). Include the reason for use and any special instructions.

### **Medication Administration Record:** [You will need to print new pages each month.](#)

Not everyone will need this page, but it is helpful if someone else manages your medications or you have difficulty remembering to take your medications.

On this page, you will list your medications down one side of the page. Each day when you take your medication, leave a mark after you take the medication. You can use check marks, stars, slashes or any symbol you would like to indicate that you took the medication.

If you do not take your medication, leave the box blank for that day.

# Medication List

Include scheduled, routine, as needed, as needed, and over-the-counter medications in this section.

MEDICATION	DOSAGE	FREQUENCY	ROUTE OF ADMINISTRATION	PURPOSE	PRESCRIBER	SPECIAL INSTRUCTIONS, START/ STOP DATES, SIDE EFFECTS
Example: Spironolactone/ Aldactone	Example: 25mg	Example: Daily	Example: Oral	Example: Lower blood pressure	Example: Michelle Phelps	Example: Do not take if the top number of your blood pressure is less than 100 or if you feel dizzy or lightheaded

NOTES

# Supplement List

Include all supplements and herbal remedies in this section.

SUPPLEMENT	SERVING SIZE OR DOSAGE	FREQUENCY	REASON FOR USE	SPECIAL INSTRUCTIONS
Example: Vitamin D3 1000 IU or 25 mcg capsules	Example: 1 capsule	Example: Daily	Example: Vitamin D replacement	Example: Include any special instructions from your medical provider or pharmacist

NOTES

# Medication Administration Record

Patient Name		Month Recorded																																						
DATE	MEDICATION ORDER (Dose, Frequency, Site, Route)	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
START Ex: 8/18	Example: Metoprolol, 25 mg, twice daily, oral	Ex: 8 AM																																						
STOP Ex: 8/30		Ex: 5 PM																																						
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Whenever you take your medication, mark the box in the row of the time you took it, in the column of the day of the month in which you took it. If you have more medications than there are available spaces, print additional sheets for your binder.