

Medication Log

Last Updated: ____/____/____

Patient 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

www.caregiver.va.gov



U.S. Department of Veterans Affairs

*HINT: CUT OUT THE NAME OF THE MEDICATION FROM YOUR PRESCRIPTION INSERT AND TAPE IT HERE. YOU MAY ALSO WANT TO NOTE WHETHER THE DRUG IS BRAND, GENERIC OR OVER THE COUNTER (OTC). DISPLAY THIS FORM PROMINENTLY IN YOUR HOME IN CASE OF EMERGENCY.

Medication Log

REACTIONS

Drug Allergies and Other Significant Reactions

Prescription Name	Reaction

Recent Medications that Caused Problems or Did Not Work

Prescription Name	Problem

PHYSICIANS

Primary Care Physician

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

Specialist

Phone:	Address:

NOTES: _____
