|  |
| --- |
| Medication Log |
| DateStarted | ProductName | Dosage /Strength | Times TakenDaily | Purpose ofMedication | PrescribedBy | AdditionalComments |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **ALLERGIES:** |  |  | NOTE: When you list ALLERGIES, we recommend that you use RED INK to draw attention to them. When you discontinue a medication, we recommend that you use a highlighter to cross it off the list. |

Reprinted from the Center for Caregiver Training Website

— Web Based Training section — with permission from the Center for Caregiver Training.

Orientation to Caregiving APPENDIX / PAGE A.10