

### Medication Management Chart (for Patients)

<b>Drug Info</b>	<b>For (Condition)</b> (example: heart, arthritis, etc.)	<b>General Instructions</b> # Times /day & Times of Day (example: once a day @ 9am or twice a day @ 9am & 9pm)	<b>Special Instructions*</b> (From Doctor or Pharmacist)	<b>New Problems or Complaints**</b> (After Starting Medications)
Brand Name (BN) Generic Name (GN) Dosage Date Started				
BN:  GN:  Dosage:  Date Started:				
BN:  GN:  Dosage:  Date Started:				
BN:  GN:  Dosage:  Date Started:				
BN:  GN:  Dosage:  Date Started:				

\* Note things like whether to take with or without food, other medications or dietary supplements to avoid and so on.

\*\* Note what happens, when it happens, how long it lasts and anything else that seems important about it.