

Medication Management Chart (for Patients)

Drug Info	For (Condition) (example: heart, arthritis, etc.)	General Instructions # Times /day & Times of Day (example: once a day @ 9am or twice a day @ 9am & 9pm)	Special Instructions* (From doctor or Pharmacist)	New Problems or Complaints 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.