Healthy Living | Medication List

This Medication List Belongs To: _____ **Date:** _____

I Take This Medication:	How Much I Take:	Time of Day I Take This Medication:				Why I Take This Medication?	I Started Taking This Medication On:	I Stop Taking This Medication On:	I Was Told to Take This Medication By:
		Morning	Afternoon	Evening	Bedtime				
Ex: Aspirin	Ex: 81 mg	✓		✓		Ex: My Heart	Ex: February 4, 2023	Ex: March 24, 2024	Ex: Dr. Smith

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