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MEDICATION LOG

<u>NAME</u>	<u>DATE</u>	<u>DOB</u>	<u>TYPE OF CASE</u>				
			PI	WC	INS	QME	PP
<u>Medication</u>	<u>Medication</u>	<u>Medication</u>					
Date started	Date started	Date started					
Doctor who prescribed it, phone #	Doctor who prescribed it, phone #	Doctor who prescribed it, phone #					
Reason for medication/ treatment of what condition (depression, sadness, anxiety, shakiness,insomnia,pain relief, hypertension, diabetes mellitus)	Reason for medication/ treatment of what condition (depression, sadness, anxiety, shakiness,insomnia,pain relief, hypertension, diabetes mellitus)	Reason for medication/ treatment of what condition (depression, sadness, anxiety, shakiness,insomnia,pain relief, hypertension, diabetes mellitus)					
Date prescribed	Date prescribed	Date prescribed					
Date patient began taking	Date patient began taking	Date patient began taking					
Starting dosage ____ mg	Starting dosage ____ mg	Starting dosage ____ mg					
Current dosage ____ mg If stopped _____ Date stopped _____ Reason stopped Bad side effects _____ What are they? _____ _____ It was ineffective _____ It wasn't authorized _____	Current dosage ____ mg If stopped _____ Date stopped _____ Reason stopped Bad side effects _____ What are they? _____ _____ It was ineffective _____ It wasn't authorized _____	Current dosage ____ mg If stopped _____ Date stopped _____ Reason stopped Bad side effects _____ What are they? _____ _____ It was ineffective _____ It wasn't authorized _____					
Helpful/Beneficial effects (happier, better sleep, less pain, lower blood sugar/blood pressure)	Helpful/Beneficial effects (happier, better sleep, less pain, lower blood sugar/blood pressure)	Helpful/Beneficial effects (happier, better sleep, less pain, lower blood sugar/blood pressure)					
Pharmacy (name,address,phone)	Pharmacy (name,address,phone)	Pharmacy (name,address,phone)					
Allergies	Allergies	Allergies					