



## My afternoon medications

(Prescriptions, vitamins and over-the-counter medications)



In the AFTERNOON, I take:

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)

Date completed: \_\_\_\_\_

Why am I taking this medicine?	Stop date	Comments

## My evening medications

(Prescriptions, vitamins and over-the-counter medications)



In the EVENING, I take:

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)

Date completed: \_\_\_\_\_

Why am I taking this medicine?	Stop date	Comments

# My bedtime medications

(Prescriptions, vitamins and over-the-counter medications)



Before I go to BED, I take:

Drug name <small>(brand/generic name)</small>	Amount	Method <small>(by mouth, topical, etc.)</small>

Date completed: \_\_\_\_\_

Why am I taking this medicine?	Stop date	Comments

# My medications

(Prescriptions, vitamins and over-the-counter medications)



## Medications that I DO NOT USE EVERY DAY:

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)

Date completed: \_\_\_\_\_

Why am I taking this medicine?	Stop date	Comments