

# Medication Log

Alzheimer's  
Association

| Name: _____  |                    |        |              |                 |              | Date: _____  |
|--|--------------------|--------|--------------|-----------------|--------------|--------------|
| Prescription Medications / Over-the-Counter Products / Vitamins / Herbal Supplements |                    |        |              |                 |              |              |
| Name of Prescribing Doctor   | Name of Medication | Dosage | Date Started | What is it for? | Side Effects | Instructions |
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| Allergies: | Current Medical Conditions/ Illnesses: | Things to Avoid (food, drink, activities): |
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