

	'S MEDICINE CHART
(Your name)	

This medicine chart should be used to help you keep track of your medicines. Please fill in the information by following the examples, and keep the chart with your medicines.



MEDICATION CHART FOR _____

Name of Medicine	Color & Shape	Taking For	Take how many in the Morning	Take how many at Lunch	Take how many at Supper	Take how many at Bedtime	Comments, Cautions
Example: Atenolol	Example: white, round	Example: high blood pressure	Example: One	Example: None	Example: None	Example: One	Example: Tell doctor if you have upset stomach or diarrhea
Doctor's Name: Doctor's Phone Number:							