

_____ '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
<i>Example: Atenolol</i>	<i>Example: white, round</i>	<i>Example: high blood pressure</i>	<i>Example: One</i>	<i>Example: None</i>	<i>Example: None</i>	<i>Example: One</i>	Example: Tell doctor if you have upset stomach or diarrhea

Doctor's Name: _____

Doctor's Phone Number: _____

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