



# MEDICATION CHECKLIST

BEGINNING DATE: \_\_\_\_\_

	MEDICATION	DOSE	TAKEN WITH FOOD	SUN	MON	TUE	WED	THU	FRI	SAT
AM										
										
PM										
										

**INSTRUCTIONS:** List each medication that you need to take along with the dose. If a medication only has to be taken once a day, list it at the time your doctor has told you to take it (morning or evening). If a medication has to be taken twice a day, list it under AM and PM. Take a look at the example to get an idea of how to fill it out. Once you have it filled out, put it someplace like your refrigerator where you see it every day-- then all you have to do is check the box for that day when you take your medication.