



Another resource from *PATIENT AND CAREGIVER SUPPORT**

PRESCRIPTION / SUPPLEMENT / OTC RECORD

*Dedicated to providing CARE (Connections, Assistance, Resources and Encouragement) for patients, caregivers, spouses and families

10/10

NAME: _____ DATE OF BIRTH: _____ UPDATED: _____

PRESCRIPTIONS

DOSAGE

RATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

SUPPLEMENTS

DOSAGE

RATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

OVER-THE-COUNTER MEDICINES (Check all that are used on a regular basis)

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Allergy relief | <input type="checkbox"/> Antacids | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Other Pain/Headache/Fever medicine |
| <input type="checkbox"/> Cold medicine | <input type="checkbox"/> Cough medicine | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Diet pills <input type="checkbox"/> Sleeping pills |
| <input type="checkbox"/> Others: _____ | | | |
| _____ | | | |
| _____ | | | |

This information is neither intended nor implied to be a substitute for professional medical guidance. Always seek the advice of your physician or other qualified health provider prior to making decisions about your medical care.