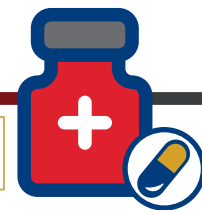


Managing Medications and Supplements Worksheet

PA CareKit



The person you're caring for may be taking multiple prescription drugs, as well as over-the-counter medicines and dietary supplements. It can be confusing to keep track of everything! This worksheet can help. Because medication regimens may change over time, consider making copies of this form to use in the future. Try to bring a current list of medications and supplements to every doctor appointment or in an emergency event. In the notes section, include details about storage, side effects or other concerns.

Name: _____ Date: _____

Medication #1	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #2	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #3	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #4	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

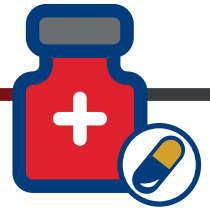
Medication #5	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Managing Medications and Supplements Worksheet

PA CareKit



Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____

Medication #	Dose	Instructions

Color/Shape: _____ Doctor: _____

Purpose/other notes: _____