

Medication Reminder Chart

| Prescription: Place a check mark each time you take your prescriptions | | | | | | | | | |
|---|-------------|----|---|---|-------------------|----|---|----|--------------|
| Drug: | Time | SU | M | T | W | TH | F | SA | Notes |
| Description: | Morning | | | | | | | | |
| For: | Afternoon | | | | | | | | |
| Dosage: | Evening | | | | | | | | |
| Dr.: | Night | | | | | | | | |
| Phone: | | | | | | | | | |
| Drug: | Time | SU | M | T | W | TH | F | SA | Notes |
| Description: | Morning | | | | | | | | |
| For: | Afternoon | | | | | | | | |
| Dosage: | Evening | | | | | | | | |
| Dr.: | Night | | | | | | | | |
| Phone: | | | | | | | | | |
| Drug: | Time | SU | M | T | W | TH | F | SA | Notes |
| Description: | Morning | | | | | | | | |
| For: | Afternoon | | | | | | | | |
| Dosage: | Evening | | | | | | | | |
| Dr.: | Night | | | | | | | | |
| Phone: | | | | | | | | | |
| Drug: | Time | SU | M | T | W | TH | F | SA | Notes |
| Description: | Morning | | | | | | | | |
| For: | Afternoon | | | | | | | | |
| Dosage: | Evening | | | | | | | | |
| Dr.: | Night | | | | | | | | |
| Phone: | | | | | | | | | |
| Drug: | Time | SU | M | T | W | TH | F | SA | Notes |
| Description: | Morning | | | | | | | | |
| For: | Afternoon | | | | | | | | |
| Dosage: | Evening | | | | | | | | |
| Dr.: | Night | | | | | | | | |
| Phone: | | | | | | | | | |
| My Pharmacist: | | | | | Telephone: | | | | |

Feel free to photocopy the "Medication Reminder Chart" for yourself, your clients or your employees.
This handy chart will help caregivers and older adults keep track of their many medications.