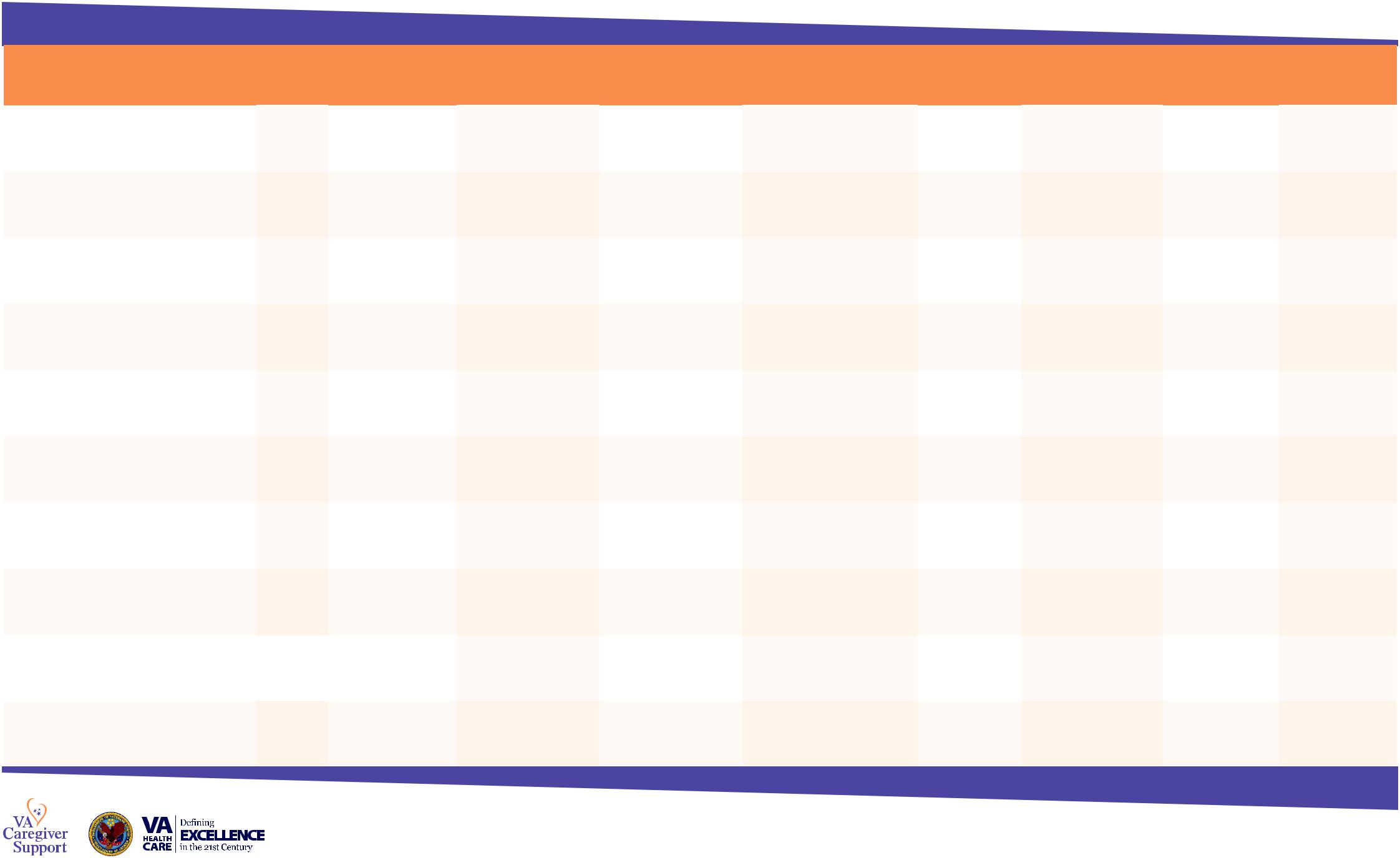
**Medication Log**

**Last Updated: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_ / \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**VA Caregiver Support Line**

1-855-260-3274 toll-free

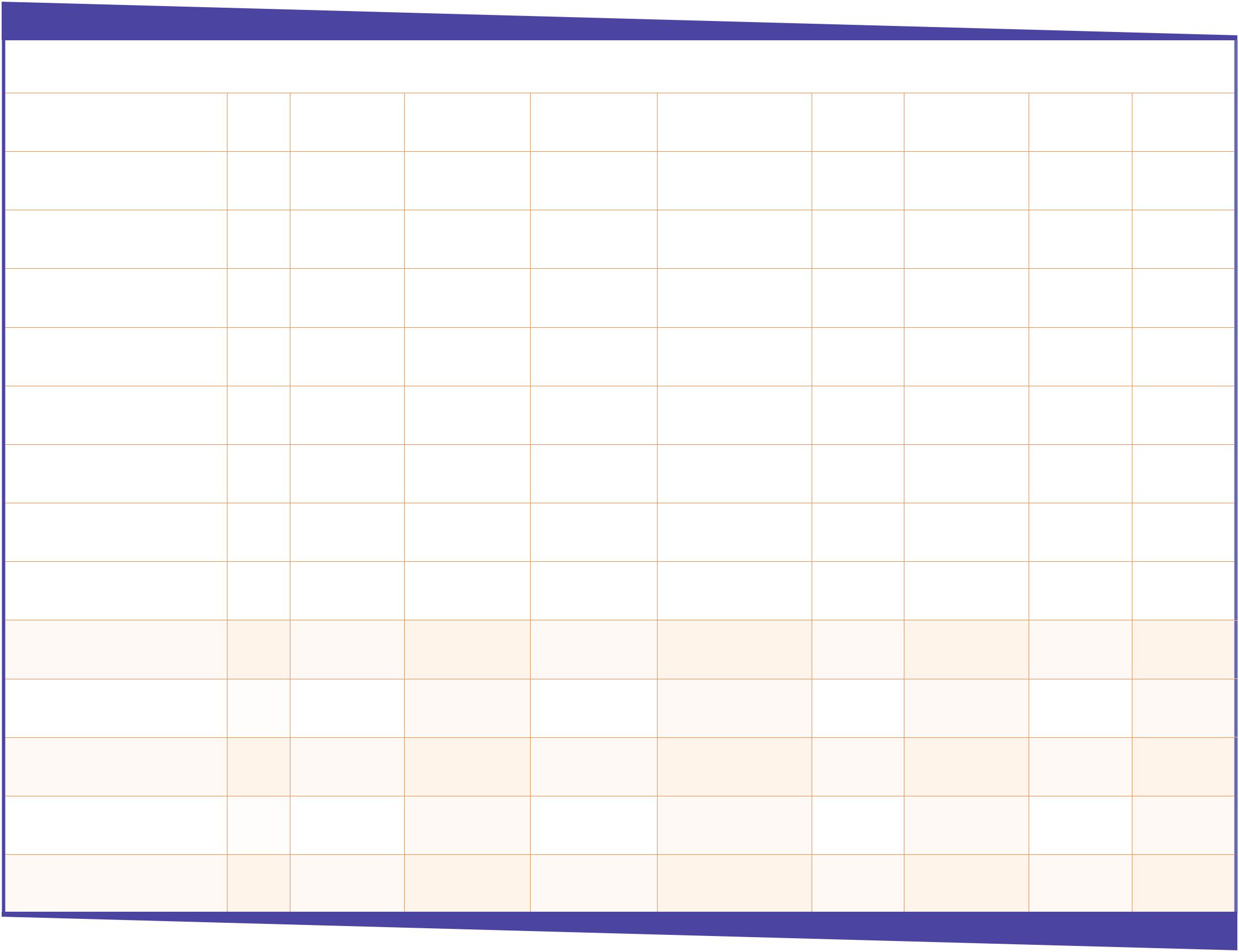
Monday through Friday, 8:00 am – 11:00 pm ET Saturday, 10:30 am – 6:00 pm ET

**MEDICATION LIST**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Medication\*** | **Dosage** | **What medication** | **What medication is** | **When and how to** | **What NOT to do when** | **Prescribed by** | **Pharmacy that** | **Prescription** | **Date started/** |
| **looks like** | **treating** | **take medication** | **taking medication** | **filled prescription** | **number** | **Date ended** |
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[**www.caregiver.va.gov**](http://www.caregiver.va.gov)

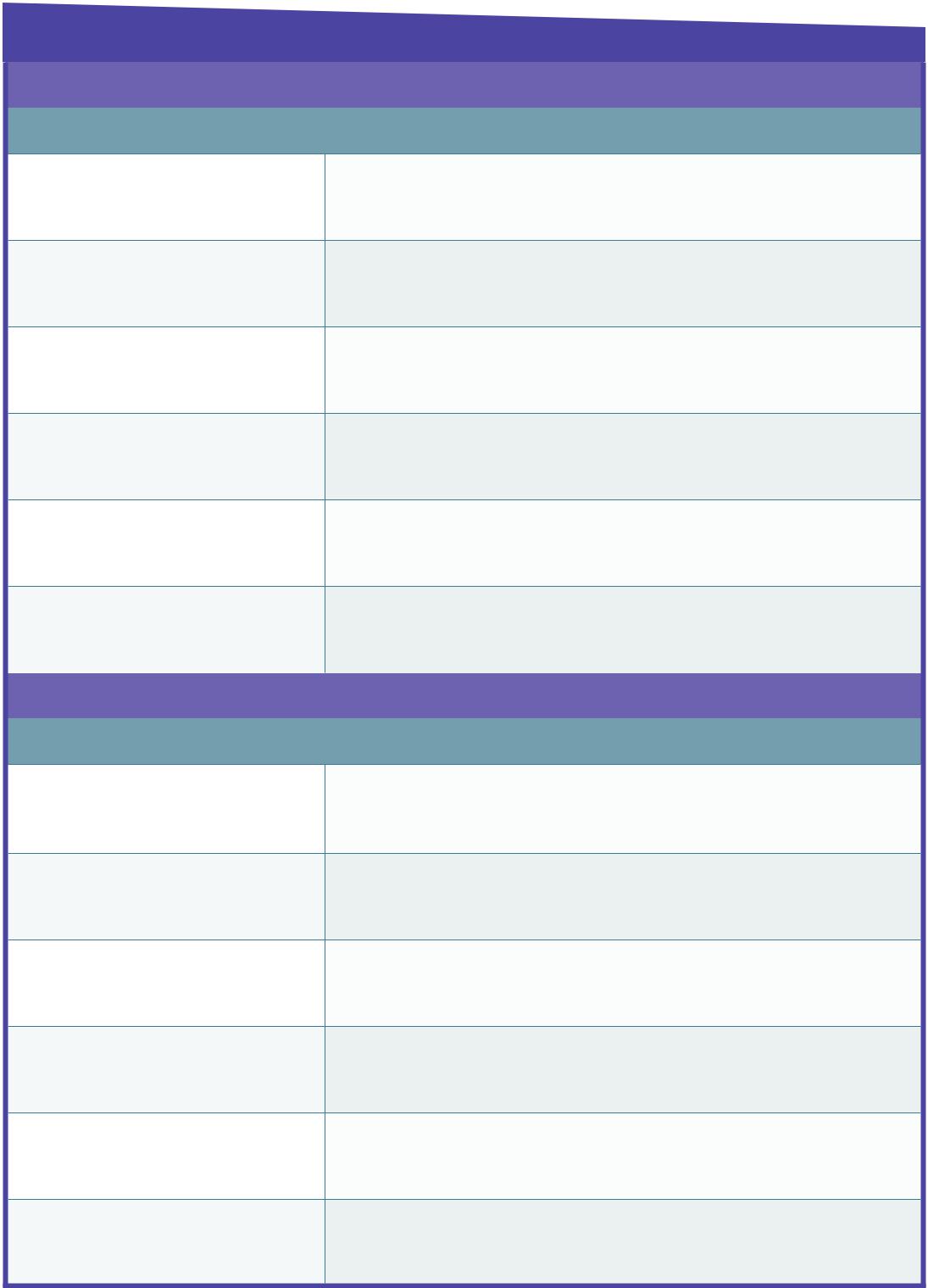
**DISPLAY THIS FORM PROMINENTLY IN YOUR HOME IN CASE OF EMERGENCY.**

**MEDICATION LIST**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **What medication** | **What medication is** | **When and how to** | **What NOT to do when** | **Prescribed by** | **Pharmacy that** | **Prescription** | **Date started/** |
| **looks like** | **treating** | **take medication** | **taking medication** | **filled prescription** | **number** | **Date ended** |
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[**www.caregiver.va.gov**](http://www.caregiver.va.gov)

**Medication Log**



**REACTIONS**

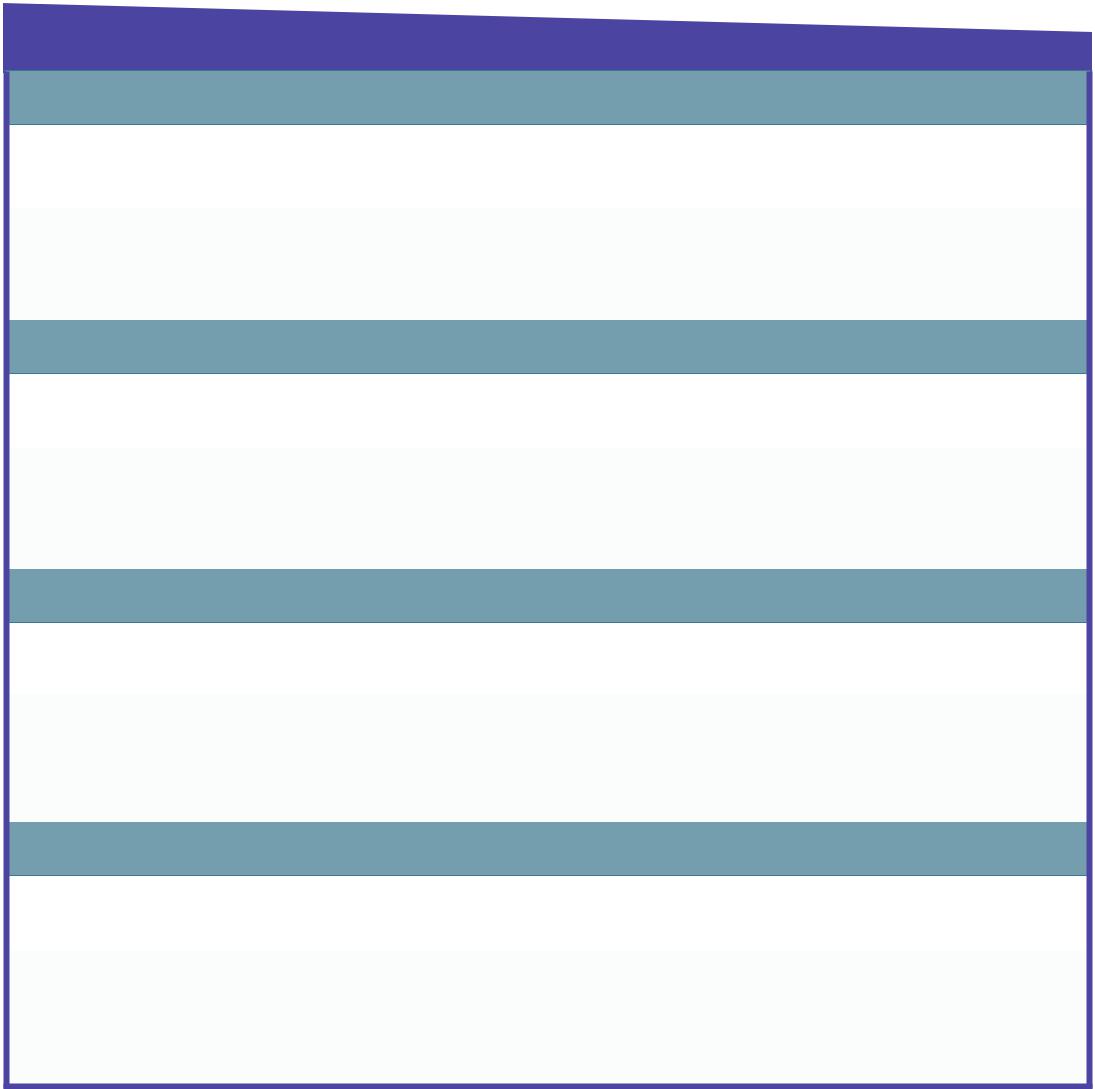
**Drug Allergies and Other Significant Reactions**

**Prescription Name** **Reaction**

**Recent Medications that Caused Problems or Did Not Work**

**Prescription Name** **Problem**

**PHYSICIANS**



**Primary Care Physician**

|  |  |
| --- | --- |
| Phone: | Address: |
|  |  |

**Specialist**

|  |  |
| --- | --- |
| Phone: | Address: |
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**Specialist**

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| Phone: | Address: |
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**Specialist**

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| Phone: | Address: |
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**NOTES:**

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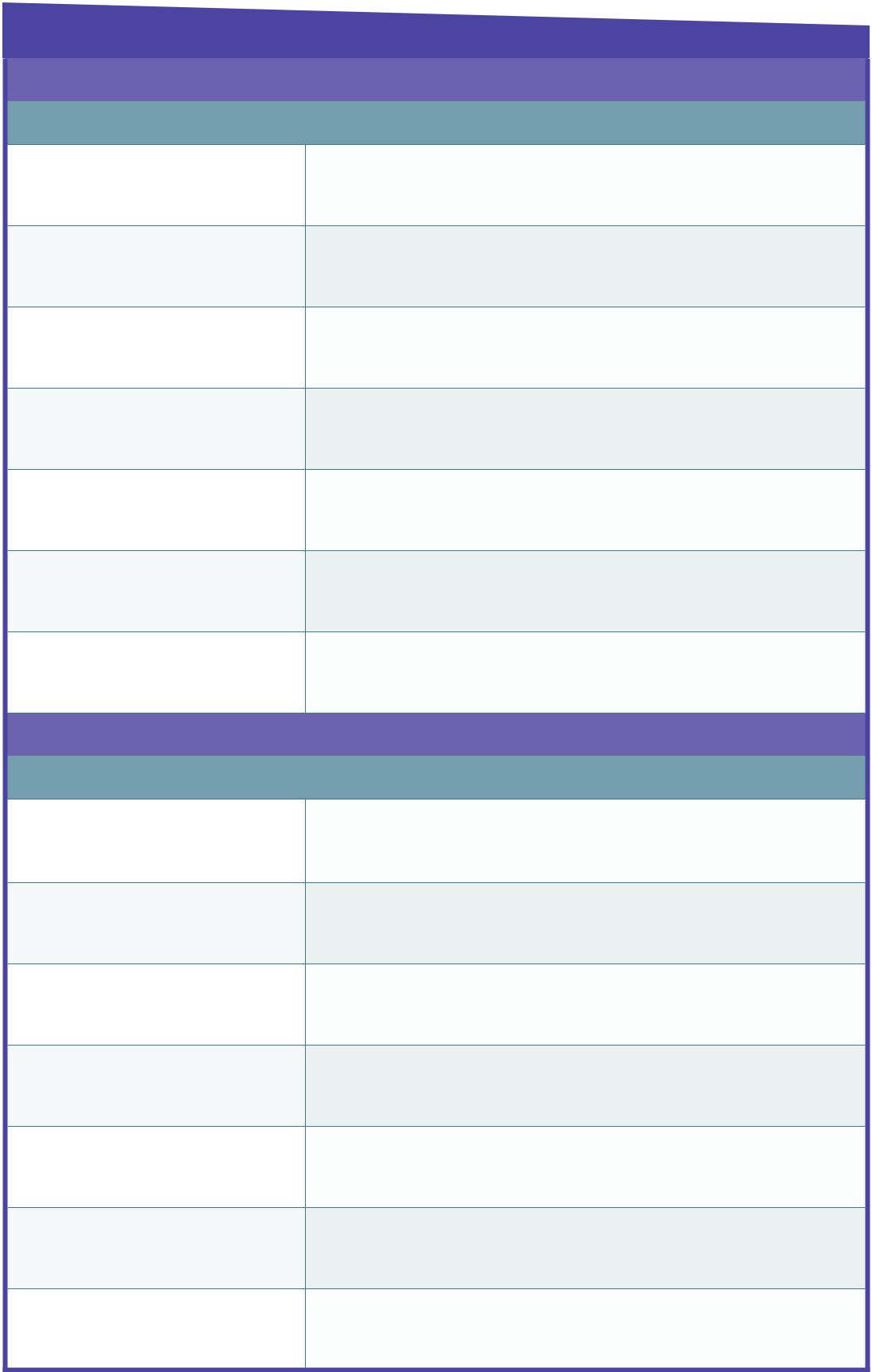
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**REACTIONS**

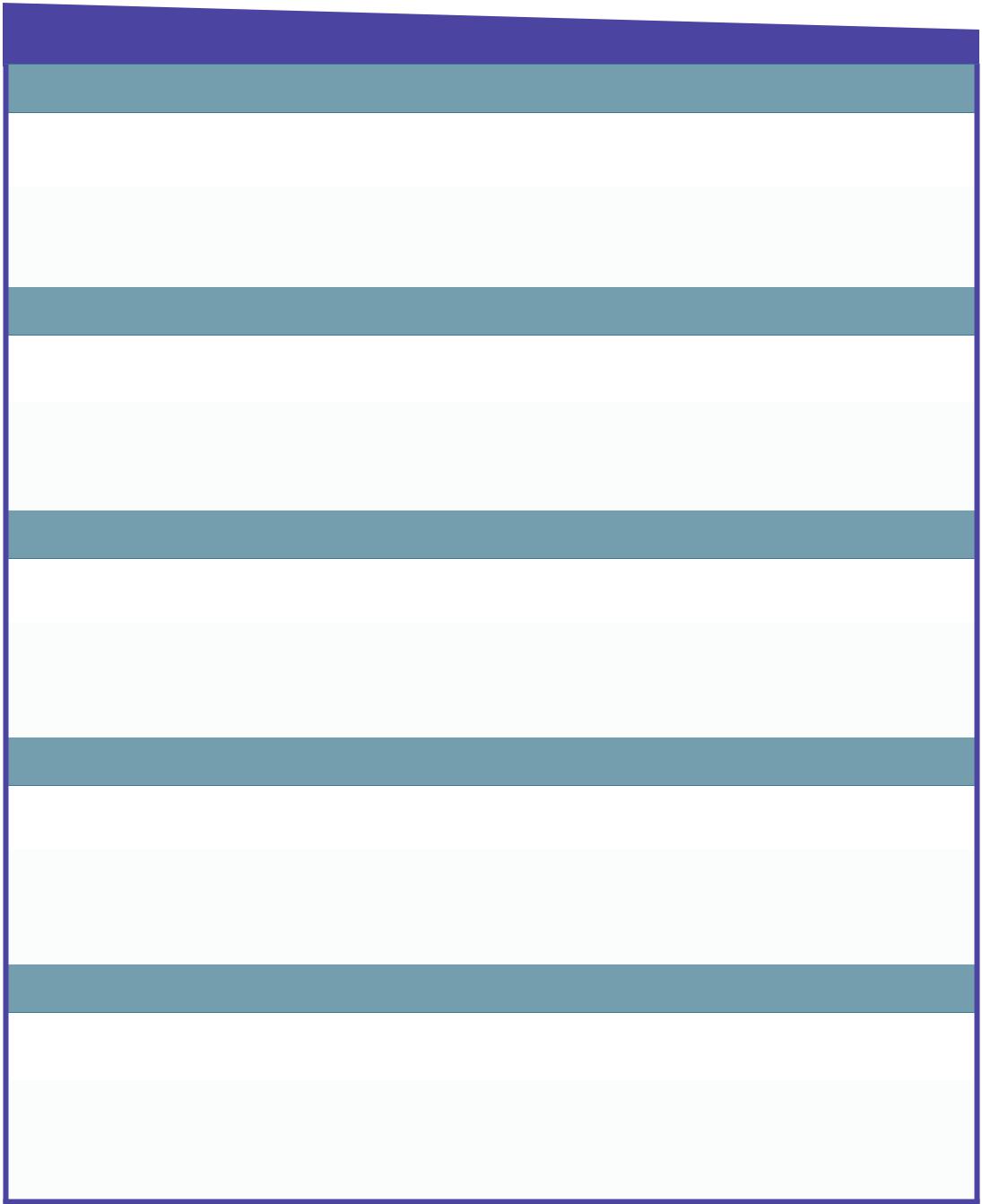
**Drug Allergies and Other Significant Reactions**

**Prescription Name** **Reaction**

**Recent Medications that Caused Problems or Did Not Work**

**Prescription Name** **Problem**

**PHYSICIANS**



**Primary Care Physician**

|  |  |
| --- | --- |
| Phone: | Address: |
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**Specialist**

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**NOTES:**

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