

What I take and what it does

Every medication, supplement and therapy in one place, with how it is actually working. Update it before each appointment.

DATE UPDATED	NAME	ALLERGIES	PHARMACY

HELPS?	0 No change Cannot tell it is doing anything	1 A little Some benefit	2 Clearly Noticeable benefit	3 A lot Big difference
--------	---	----------------------------	---------------------------------	---------------------------

CURRENT TREATMENTS

NAME	DOSE	WHEN time of day	SINCE	FOR WHAT	HELPS 0-3	SIDE EFFECTS	PRESCRIBED BY

CHANGES AND WHAT HAPPENED

Give each change two weeks before judging it, unless a side effect is severe.

DATE	WHAT CHANGED started, stopped, dose	WHY	RESPONSE AFTER ~2 WEEKS

QUESTIONS FOR THE NEXT APPOINTMENT

REFILLS

MEDICATION	LAST REFILL	NEXT DUE