Medication Log

Name: _____ **Date:** _____

Health Quality Innovation Network

Medication Name (Capsule, Tablet, or Liquid)	Dose	Morning	Mid Morning	Afternoon	Mid Afternoon	Evening	Bedtime	Reason for Taking	Doctor's Name
Example: Atorvastatin, Tablet	*20 mg*	-	-	-	-	-	*1*	*high cholesterol*	*Dr. Jones*