Medication Management - Prescriptions

Name:
Date of Birth:

Prescription Name	Dose	Frequency	Reason	Side Effects/Concerns	Prescriber

Date Last Reviewed:
Name/Title of Reviewer:

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Medication Management —
Vitamins, Herbs and other Supplements

Name:
Date of Birth:

Supplement Name	Dose	Frequency	Reason	Side Effects/Concerns	Prescriber

Date Last Reviewed:
Name/Title of Reviewer:

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Medication Management —
Non-prescription or Over-the-counter medications

Name:
Date of Birth:

Over-the-Counter Name	Dose	Frequency	Reason	Side Effects/Concerns	Prescriber

Date Last Reviewed:
Name/Title of Reviewer:

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Medication Management —
Creams, lotions, eyedrops, ear drops, nose sprays

Name
Date of Birth

Applied Medication Name	Dose	Frequency	Reason	Side Effects/Concerns	Prescriber

Date Last Reviewed:
Name/Title of Reviewer:

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