

My medicines

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Date	

Use this form to keep track of any medicines you are taking, including prescription and over-the-counter drugs and any supplements. You may also want to note the names of any previous medicines and the dates when you started and stopped taking them.

Name of medicine	Reason for medicine	Date started	Days of the week and time of day to take	Amount to take	Doctor who prescribed it	Pharmacy that filled the prescription	Side effects	Healthcare team's advice to help with side effects

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