**Medication and Supplement Tracker**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Name</th>
<th>Dose</th>
<th>Instructions</th>
<th>Reason</th>
<th>Prescribing Provider</th>
<th>Notes</th>
<th>Stop Date</th>
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**Categories:**

- **Start Date:** When did you begin taking this medication?
- **Name:** What is the brand name? What is the generic name?
- **Dose:** What amount (mg, drops, units, etc.) do you take at one time?
- **Instructions:** How often do you take the listed dose? Daily? Two times daily? As needed?
- **Reason:** What medical condition do you take this for?
- **Prescribing Provider:** Who follows your care while on this medication/supplement?
- **Notes:** Do you need lab monitoring? Do you need refills? Do you experience side effects?
- **Stop Date:** Is this medication discontinued?

*Do not start new medications or supplements without talking to your care team first. Alert them of any new signs, symptoms, or side effects that might occur.*