

Medication Tracker

INSTRUCTIONS

1. Fill out the wallet card with all the medications you take including over-the-counter medications.
 2. Write down the date you started the medication. If you do not know the date, list the month or year you might have started the medication.
 3. Write the drug or medication name and amount from the label on the medication bottle or container. *For example: Lisinopril 10 mg.*
 4. Write how much of the medication (Dose) you take each time. *For example: One tablet.* Write when you take the medication. *For example: Every morning.*
 5. Ask your provider why you take the medication. *For example: For your heart.*
- Update this card whenever there are changes to your medications.



America Association of Heart Failure Nurses

Name:	
Allergies:	
Medical Contacts:	
Primary Care Physician:	
Cardiologist/HF Clinic Nurse:	
Pharmacy Name/Phone #:	

MEDICATION TRACKER

START DATE	DRUG NAME & STRENGTH	DOSE	WHEN DO YOU TAKE IT? How many times a day? Morning and Night? After meals?	REASON Why do you take it?



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