APOLLO Lipids.org

Personal Medication Log

Your Name:	Primary Care Physician:
Phone Number:	Phone Number:

Emergency Contact (Name & Phone Number):

Name of Medication*	Name and Phone number of the doctor who prescribed the medication	Reason for Medication	Dosage	Date Started Medication	Date Doctor Stopped Medication	Was Medication Helpful?		Side Effects of Medication
						❑ Yes	❑ No	
						❑ Yes	❑ No	
						❑ Yes	❑ No	
						❑ Yes	❑ No	
						❑ Yes	❑ No	
						❑ Yes	❑ No	

Allergies/Drug Reactions:

Questions for Your Doctor:

1.

2.

3.

4.

*Be sure to include any over-the-counter medications including aspirin, vitamins, and/or any supplements taken on a regular basis. Include any medications that you have taken in the last 6 months.