# My medication review journal

Date/time: _____ Use one page per entry or review.

## Medicine and formulation, as prescribed

Copy from the label if helpful. This worksheet does not calculate doses.

## What felt easier

A specific task, situation or part of my day.

## What concerned me

What happened, when, and its effect on my day.

## Other things to mention

Sleep, appetite, illness or other changes I want to discuss.

## Questions for my prescriber

Ask which symptoms need prompt help and when to follow up.