Free Bonus Printables

for your Medication Log Book

WHAT'S INSIDE

1. **Wallet Medication Card**
   fold it and keep it with you
2. **Emergency Info Sheet**
   for the fridge door
3. **Daily Pill Schedule**
   post it next to your pill box
4. **12-Month Refill Calendar**
   never run out of a medicine
5. **Doctor Visit Planner**
   bring your questions to every visit

Print as many copies as you need. Letter size, 100% scale ("Actual size").
Free for your personal use. These pages are for record keeping only.
Always follow the directions of your doctor and pharmacist.

PAGEWREN BOOKS

pagewrenbooks.com/med

Wallet Medication Card

Cut along the outer dashed line, then fold in half on the middle line.

MY MEDICATION CARD

IN CASE OF EMERGENCY, PLEASE READ

Name _____

Date of birth _____

Allergies _____

_____

Conditions _____

_____

Emergency contact _____

Phone _____

Doctor _____

Phone _____

MY MEDICINES

MEDICINE • DOSE • WHEN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Updated on _____ • Pagewren Books

MY MEDICATION CARD

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Name _____

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MY MEDICINES

MEDICINE • DOSE • WHEN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

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Emergency Information

Keep this page on your fridge door. Paramedics are trained to look there.

Full name _____

Date of birth _____

Address _____

Primary language _____

MEDICAL

Conditions _____

_____

Allergies _____

_____

Blood type _____

Pacemaker / implants / aids _____

EMERGENCY CONTACTS

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

DOCTOR & PHARMACY

Doctor _____

Phone _____

Pharmacy _____

Phone _____

Insurance _____

Member ID _____

My current medicine list is in my Medication Log Book.
It is kept here: _____

Daily Pill Schedule

Post this next to your pill box. Write what you take at each time of day.

MORNING	MIDDAY	EVENING	BEDTIME
Time: _____	Time: _____	Time: _____	Time: _____
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose
_____ medicine / dose	_____ medicine / dose	_____ medicine / dose	_____ medicine / dose

With food? ☐ Yes ☐ No Notes _____

12-Month Refill Calendar

Part 1 of 2 • Write the date of each refill. Circle it when you are running low.

Year _____

MEDICINE	PHARMACY / RX #	JAN	FEB	MAR	APR	MAY	JUN

12-Month Refill Calendar

Part 2 of 2 • Write the date of each refill. Circle it when you are running low.

Year _____

MEDICINE	PHARMACY / RX #	JUL	AUG	SEP	OCT	NOV	DEC

Doctor Visit Planner

Fill this in before each appointment and bring it with you.

Doctor _____ Date & time _____

MY QUESTIONS

NEW SYMPTOMS OR CHANGES SINCE MY LAST VISIT

MEDICINE CHANGES THE DOCTOR MADE

WHAT THE DOCTOR SAID

Next appointment _____ Tests to do _____

Thank you!

We hope these pages make every day a little easier for you and the people who care for you.

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