

Medication Tracker

It is very important that you take your medications every day, exactly as your doctor has prescribed. This medication tracker has two pages; the first page lists all your medications and how they should be taken, while the second page is a weekly medication diary for you to keep track that you have taken your medications properly each day.

Take this first page with you to your doctor's appointment so that they can help you complete it. Keep a copy with you and make sure that a family member or caregiver knows where it is.

My Doctor's Name:

My Doctor's Phone No:

**In Case of Emergency,
Contact:**

My Medications:

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ *pills, at* _____

What the medicine does: _____

I take it: _____ *time per day* **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ *pills, at* _____

What the medicine does: _____

I take it: _____ *time per day* **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ *pills, at* _____

What the medicine does: _____

I take it: _____ *time per day* **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ *pills, at* _____

What the medicine does: _____

I take it: _____ *time per day* **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

Medication name: _____

Dosage (strength of pills): _____ **I take:** _____ *pills, at* _____

What the medicine does: _____

I take it: _____ *time per day* **With:** _____

If I miss a dose, I should: _____

The doctor also said: _____

My Goal Numbers

Use this card to write down your treatment goal numbers. Track your blood pressure numbers on the chart below and bring it with you when you visit your doctor.

Date	Blood Pressure	Cholesterol		
		LDL	HDL	Total

My Goal Blood Pressure

My Goal Cholesterol

LDL: _____ HDL: _____ Total: _____

Notes

What your blood pressure numbers mean

Blood pressure numbers	What they mean	Blood pressure numbers for people with diabetes	What they mean
140/90 or higher	High	130/90 or higher	High
130/85	Good	Less than 130/85	Good
120/80	Best	120/80	Best

What your cholesterol numbers mean

	Good	Fair	Bad
Total cholesterol	Under 200	200 to 239	240 or over
LDL (Bad)	Under 129*	130 to 159	160 or over
HDL (Good)	60 or over	40 to 59	Under 40

* Under 100 is best. If you have heart disease or diabetes, your LDL should be lower than 100.

