CURRENT MEDICATION LOG
INCLUDE NON-PRESCRIPTION MEDS AND HERBALS, IF WARRANTED

NAME:	DOB:	Primary Physician and Phone Number:

MEDICATION ALLERGIES and NEGATIVE REACTIONS / IMPORTANT INFORMATION TO KNOW:

Date Of Visit	MEDICATION	DOSAGE	DIAGNOSIS / REASON FOR USE	MEDICATION STATUS New Increase Decrease DC discontinued	Reason for Status Change	Staff initials

Information verified by (date & initials) _____ _____ _____ _____

1st QA 2nd QA 3rd QA 4th QA

DATE OF VISIT	MEDICATION	DOSAGE	DIAGNOSIS REASON FOR USE	MEDICATION STATUS **N**ew **I**ncrease **D**ecrease **DC**discontinued		REASON FOR STATUS CHANGE	STAFF INITIALS

Information verified by (date & initials) _____ _____ _____ _____

1st QA 2nd QA 3rd QA 4th QA