

HERON RIDGE ASSOCS., PLC

Patient Medication Tracking Log

Patient Name: _____ D.O.B. ____/____/____

Please list any current or past medical conditions: _____

Prescribed Medication(s): (i.e. Adderral, Xanax, sleeping aids, birth control, high blood pressure medication, etc.)

Drug Name	Reason For Taking	Dosage	Amount/Day	Last Taken	Prescribed by (Doctor's Name)

Over-the-Counter Medication(s): (i.e. Advil, Nyquil, Vitamin C, etc.)

Drug Name	Reason For Taking	Dosage	Amount/Day	Last Taken

Miscellaneous Supplements: (i.e. Herbal, Whey Protein, etc.)

Name	Reason For Taking	Dosage	Amount/Day

Allergies/Side Effects/Adverse reactions: _____

Is there any chance you are currently pregnant or trying to become pregnant? No Yes N/A

Please list any past or current use of alcohol or other drugs: (including history of abuse to prescriptions drugs): _____

Patient/Guardian Signature: _____

Date: ____/____/____

Physician Signature: _____

Date: ____/____/____