

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_