Managing Diabetes:
Medication Records

Keep a list of all your medications so you know what medications you are taking, how to take them, and why you need them. If your medications change, update your record. Bring all your medicines, supplements and this medication record to each health care visit.

Date: _____ **Name:** _____

Allergies: _____

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Name, dose, and date started of my medication:	Used for:	How/When to take it:	Notes:	Refill date:
EXAMPLE: Amlodipine Besylate 5 mg November 1, 2020	High Blood Pressure	Take 1 pill by mouth every day	I take it at night since it makes me sleepy	December 2020