SENIOR program

GenerationRx

Preventing the Misuse and Abuse of Prescription Medications

Medication Record

For additonal copies visit: *go.osu.edu/generationrx* or *cardinalhealth.com/GenerationRx*

Medication Record_____ Adverse Drug Reactions: _____

For (patient name): _____ Allergies: _____

Medication (name as listed on the medication bottle)	**Other Name** (as most medication have a brand and generic name, put the name NOT listed on the bottle in this column)	**Directions** (how many tablets and when to take the medication)	**Use** (what the medication is suppose to do)	**Prescriber** (name of the person who wrote the prescription)	**Other Information** (goals of therapy or things to avoid with the medication)

Last updated on: _____