Medicine list

medkhata.in

Name: _____ Date of birth: _____ Updated on: _____ Filled by: _____

Allergies / past reactions: _____

Medicine (exactly as printed)	Strength + unit	How often / what time	Before / after food	Since	Prescribed by	Notes

Recently stopped

Medicine (as printed)	Stopped on	Stopped by (doctor)	Notes

Also list vitamins, supplements and "only when needed" tablets. Update it the same day as every doctor visit.

A record, not an instruction: never change a dose without the doctor. Organising template, not medical advice.