

MY MEDICATIONS AND HEALTH TRACKER



Medication List

You may work with your health care professional to complete the form below and list all medications you've been prescribed.

Medication name:
Prescribing doctor:
What does it do? / What is it for?
How many times per day do I take it?
What <u>not</u> to take with it?
Medication name:
Prescribing doctor:
What does it do? / What is it for?
How many times per day do I take it?
What <u>not</u> to take with it?
Medication name:
Prescribing doctor:
What does it do? / What is it for?
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Weekly Planner for __/___/_

Use the guide below to keep track of your daily weight. Also be sure to track your energy, mood, and level of activity—these are important too.

Important events/appointments this week:

Sunday, ____/__ Current weight: ____



Monday, ____/__ Current weight: ____



Tuesday, ____/__ Current weight: ____

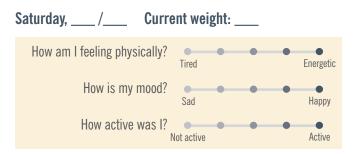












Weekly Planner for __/___/_

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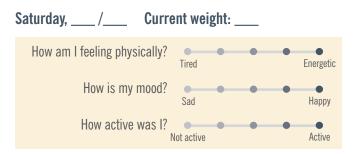














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