

Worksheet 5

Medications

You may be taking many different medicines as well as numerous vitamins and over-the-counter drugs. It can be confusing to keep track of everything! This form can help. Because your medication regimen may change over time, tear out this form and make a copy of the blank form so you will always have a clean copy to use. Or you can download additional copies from NIA's website at www.nia.nih.gov/health/twyd-worksheets. Try to bring a completed and updated copy of this form to every doctor appointment.

Name of medication or supplement	What it's for	Date started	When and how often it's taken	Dose	Color/shape	Prescribing doctor	Concerns

