My **Morning** Medications

(Prescriptions, vitamins and over-the-counter medications)

Provided by Kindred at Home
www.kindredathome.com
1.866.CARE.KAH

Kindred at Home
Our Care Matters

When I WAKE up, I take:

Date Completed: _____

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)	Why am I taking this medicine?	Stop date	Comments

My **Afternoon** Medications

(Prescriptions, vitamins and over-the-counter medications)

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In the AFTERNOON, I take:

Date Completed: _____

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)	Why am I taking this medicine?	Stop date	Comments

My **Evening** Medications

(Prescriptions, vitamins and over-the-counter medications)

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In the EVENING, I take:

Date Completed: _____

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)	Why am I taking this medicine?	Stop date	Comments

My **Bedtime** Medications

(Prescriptions, vitamins and over-the-counter medications)

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Before I go to BED, I take:

Date Completed: _____

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)	Why am I taking this medicine?	Stop date	Comments

My Medications

(Prescriptions, vitamins and over-the-counter medications)

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Medications that I DO NOT USE EVERY DAY:

Date Completed: _____

Drug name (brand/generic name)	Amount	Method (by mouth, topical, etc.)	Why am I taking this medicine?	Stop date	Comments