

As-Needed Medication List Patient name: _____

Include all medications taken on an as-needed basis. These could be prescription and over-the-counter medications such as pain relievers, laxatives, sleep aids, skin creams and lotions, male enhancement pills, nitroglycerin, antacids, and allergy medications. Keep track of when you gave these medications on the Medication Tracking Chart, on the previous page.



C.A.R.E. PROGRAM
Caregiver Assistance Resources and Education Program

Date	Medication Name	Strength	Dose (how much to take)	How to take	How often	What is this for?
1/20/17	Name of Medication	220 mg	2 tablets	Oral	Every 12 hours	Pain relief – especially knee pain
1/20/17	Name of Medication	500 mg	1 tablet	Oral	Every 4 hours	Allergies

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