

Daily/Regular Medication List

Patient name: _____

Include all prescription and over-the-counter medications taken on a daily or regular basis, such as diabetes, high blood pressure, cholesterol, or heart medications, aspirin, skin creams and lotions, inhalers, injections, allergy medications, vitamins and herbal supplements. See examples below.



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	Times to take	What is this for?
1/20/17	Name of Medication	20 mg	1	Oral	Daily	9 a.m.	Water pill
1/20/17	Name of Medication	25 mg	2	Oral	Twice daily	9a.m. / 9p.m.	Blood pressure