EDWIN FAIR COMMUNITY MENTAL HEALTH CENTER

**MEDICATION LOG**

**Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chart#: \_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Physician** (name/address/phone): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List current medications with specific information as requested below.**

Include over-the-counter medications and supplements.

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| --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **Directions****(frequency & route)** | **Reason for Rx** | **Prescribing Physician & Phone** | **Pharmacy & Phone** |
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**Allergies: (Please list any and all. Use back side of sheet if necessary.)**