



Medication List

Name: _____

Date Last Updated: ____/____/____

Icon Descriptions

Tablet/Capsule
 Liquid
 Respiratory
 Heart
 Cholesterol
 Patch
 Lotion/ointment
 Injection
 Diabetes
 Brain Health
 GI
 Other
 Morning
 Evening
 Afternoon
 Bedtime

Medication Name & Strength	What type of medication is this?					What are you taking this medication for?						When and how much do you take?				Which days of the week do you take it?							
Icon																	Sun	M	T	W	Th	F	Sat
Example: Metformin 1000mg	✓					✓							1			1	✓	✓	✓	✓	✓	✓	✓

Ask Me 3® encourages patients and families to ask specific questions of their providers to understand their health conditions and what they need to do to stay healthy.

1) What is my main problem?

2) What do I need to do?

3) Why is it important for me to do this?

Link to Ask Me 3®



Disclaimer: This medication log is meant to assist in patient health literacy. It is a generalized tool and may not be all-encompassing of every condition or medication instruction.