Intermountain
LiVe Well

Please print clearly & be careful with spelling

MEDICINE & SUPPLEMENTS TRACKER for _____ Telephone _____ Date _____

Email Letter by letter																								

Name of drug or supplement	Dose	Doctor who prescribed	Date started taking	What for	How many per day	When to take				Do not take with
						Breakfast	Lunch	Dinner	Before bed	

List any allergies to drugs or other substances

Keep an updated copy with you at all times. Also, keep a copy in the glove box of your car & on or in your refrigerator wrapped in an empty medicine container.
To check drug interactions, go to http://reference.medscape.com/drug-interactionchecker *or* http://www.drugs.com/drug_interactions.php