Medication Worksheet

			Date	Name of		Difficulty taking
Medication			started	prescribing	List any complications	medication as
Name	Dosage	Frequency	dose	care provider	since starting this dose	prescribed
					•	No difficulty
						Very little difficulty
						Some difficulty
						Considerable difficulty
						Great difficulty
					•	No difficulty
						Very little difficulty
						Some difficulty
						Considerable difficulty
						Great difficulty