Medications Tracker Diagnosed Health Conditions Primary Care Physician _ Phone _____ Specialty Care Physician ______ Phone _____ Specialty Care Physician Phone Pharmacy ______ Phone _____ Emergency Contact ______ Phone #1 _____ Phone #2 _____ **Purpose for Taking** Frequency **Prescription Medication** (Ex., Hypertension) (Ex., 1,2,3/day) Instructions/Other Dosage **Vitamins/OTC Medications Purpose for Taking** Frequency Instructions/Other Dosage