



Medication and Symptom
JOURNAL



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My Medications

Medication Name

Time of Day Taken

Dosage

Start Date

End Date

Medication Name	Time of Day Taken	Dosage	Start Date	End Date

* Please see inside back cover for an example and important contacts.

Today's
Date

Medication Name/Dosage

Time Taken
(morning, noon, evening)

Amount
Taken

Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken

Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



Today's
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Medication Name/Dosage

Time Taken
(morning, noon, evening)

Amount
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Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



Today's
Date

12/24

Medication Name/Dosage

Time Taken
(morning, noon, evening)

Amount
Taken

Cymbalta

Morning

1 pill

EXAMPLE

Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



Moody, Headache, Tired!!

My Pharmacy's

number is _____

My Doctor's

number is _____

My Case Manager/Care Coordinator's

name is _____

My Case Manager/Care Coordinator's

number is _____

For more information including how to find a provider, frequently asked questions, and helpful resources - please visit us at www.cenpatico.com

