

Medication Tracking Sheet

Patient Information

Name: _____ Date of Birth: __ Date Started: _ Allergies: _____ Pharmacy: _____
Pharmacy Phone: _____

Current Psychiatric Medications

Medication	Dose	Start Date	Schedule	Purpose	Prescriber

Medication History

Medication	Dose	Start Date	End Date	Reason for Discontinuation	Side Effects	Effectiveness

Medication Monitoring

Vital Signs

Date	Weight	BMI	Blood Pressure	Heart Rate	Other

Laboratory Monitoring

Test	Date	Result	Date	Result	Date	Result	Date	Result
CBC								
CMP								
LFTs								
TSH								
Lipid Panel								
HbA1c								
Medication Level								
Other								

Side Effect Monitoring

Date	Medication	Side Effect	Severity (1-10)	Action Taken	Outcome

Medication Response Tracking

Date	Medication	Symptom	Baseline Severity (1-10)	Current Severity (1-10)	Notes

Medication Adherence

Date Range	Medication	Adherence (%)	Missed Doses	Reason for Missed Doses

Date Range	Medication	Adherence (%)	Missed Doses	Reason for Missed Doses

Medication Refill Schedule

Medication	Quantity	Last Fill Date	Next Fill Due	Refills Remaining	Notes

Special Monitoring Requirements

Medication	Monitoring Required	Frequency	Last Date	Next Due	Notes

Notes
