Medication Chart

KAISER PERMANENTE®

Name of Medicine	Date and Time Medicine Given	How Medicine Given	How Much Given (dose)	Symptom (if given for pain, use rating)
EXAMPLE: Tylenol® (acetaminophen)	EXAMPLE: 11/25, 10:15 p.m.	EXAMPLE: By mouth	EXAMPLE: 1 pill (500 mg)	EXAMPLE: Headache, 3/10