Center For Disability Services
1000 Oakland Drive
Kalamazoo MI 49008

Medicine Minder

Write down the name of each medicine you take, the reason you take it, and when you start or stop. Add new medicines when you get them. Record medicines you cannot take. You can show the list to your doctor and Pharmacist.

Name of medicine/dosage	Reason Taken	Date Started	Date Stopped	Reason for discontinuing