Medication Schedule

Personal overview of all your medications · fill in and bring to doctor and pharmacy visits

RemMedy

Free template · https://remmedy.70six.de/en/medication-schedule-template/

NAME | DATE OF BIRTH | LAST UPDATED | PRIMARY CARE DOCTOR · PHONE

PHARMACY · PHONE | ALLERGIES / INTOLERANCES | EMERGENCY CONTACT | INSURANCE / MEMBER ID (OPTIONAL)

Regular medications

No.	Medication brand name	Active ingredient · strength e.g. lisinopril 10 mg	Form tablet, capsule, drops, inhaler …	morning	noon	evening	bedtime	Instructions e.g. with food, with water	Reason / condition	Period since · until
1										
2										
3										
4										
5										
6										
7										
8										
9										

As-needed medications (PRN)

Medication	Active ingredient · strength	Dose per intake	Max. per day · min. interval	When / what for	Notes

Enter the amount, e.g. “1” (one tablet), “½”, “20 drops”, “1 puff”. Blank = no dose at that time. Include over-the-counter medicines, supplements and herbal products.

This template is a personal memory aid. It does not replace a medication list issued by your doctor or pharmacist, and it is not medical advice. Change doses or timing only after talking to your doctor or pharmacist.

Weekly Checklist

Tick off each dose · one row per medication, four boxes per day (M = morning, N = noon, E = evening, B = bedtime)

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NAME

WEEK FROM

TO

Medication · dose	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B
	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B	M N E B

Notes · side effects · anything unusual

Questions for the next doctor or pharmacy visit

Tips

- Bring this schedule to every appointment, hospital stay and pharmacy visit.
- Update the date after every change and discard old copies.
- Ask your pharmacist for a medication review if you take several medicines.

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