CROHN'S & COLITIS FOUNDATION OF AMERICA

Medication Log

Keep track of your medication regimen on a daily basis. Just fill in your medication information under each category and leave some space to record any changes, such as with dosage, number of times taken, symptoms or side effects, additional comments or special directions.

Name of Medication	Form (pill, liquid) and/or Method Taken (oral, rectal)	Start Date	Stop Date	Dosage/ Strength	Times Taken Daily	Symptoms or Side Effects	Purpose (why do you take it?), Comments or Special Instructions

Physician Name: _____ Physician Phone Number: _____ Pharmacy Phone Number: _____