

Make notes here of any prescription or over-the-counter medications, along with herbal supplements and vitamins, etc. You may want to separate your prescriptions from your supplements.

MEDICATIONS/SUPPLEMENTS		
NAME	USE DATES	HOW MUCH/HOW OFTEN
I TAKE IT FOR:		HOW I FEEL/SIDE EFFECTS
NAME	USE DATES	HOW MUCH/HOW OFTEN
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ALLERGIES AND SENSITIVITIES		
DATE	SUBSTANCE	REACTION

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