

Use the "Daily medication schedule template" to schedule and track your medications.

The sheet contains 10 mini-tables in which you can mark the medication intake for 10 days.

At the top of each mini-table, it is important to include some information about your treatment.

		DAY 1	Date	
Your name		Diagnosis(es)		
Doctor's name		Doctor's phone		

- In the field "Date," you need to specify the first treatment date on the tab. Further dates are calculated automatically;
- In the "Your name" field, enter your name (or the name of the patient) for whom the table is being maintained;
- In the "Diagnosis(es)" field, enter the name of the diagnosis for which you are taking medication;
- In the "Doctor's name" field, enter the name of the attending physician who prescribed the appropriate treatment;
- In the "Doctor's phone" field, enter the phone number of the attending physician who prescribed the appropriate treatment.

Below is a table for maintaining a schedule for taking medications:

Name of Medication	Dosage	Special Instructions	Side effects	Time to take				
				Breakfast	Lunch	Dinner	Bedtime	Another time

- The "Name of Medication" column must include the name of the medication you are taking;
- In the "Dosage" column, you must indicate the dose and number of medications you are taking;
- In the "Special instructions" column, indicate the specific instructions for taking each of the drugs (for example, before meals, after meals, take with water, etc.);
- In the "Side effects" column, note the side effects you have experienced from taking the drugs, and you can later report this to your doctor.

- In the “Time to take” field, there are columns with time options for taking medications; they contain checkboxes in which you need to mark each medication intake.

An example of filling a table:

DAY 1				Date		5/15/2021		
Your name	John Smith		Diagnosis(es)	Atherosclerosis				
Doctor's name	Emma Krane		Doctor's phone	+1(234) 567-89-01				
Name of Medication	Dosage	Special Instructions	Side effects	Time to take				
				Breakfast	Lunch	Dinner	Bedtime	Another time
Lovastatin	2x10 mg	by mouth, with water		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fenofibrate	1x145 mg			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niacin	1x250 mg	by mouth, with water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colestipol	2x2 mg		headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>