



MEDICATION TRACKING SHEET

Use this form to keep a list of all medications taken by the person you care for. Bring the list to **every** appointment. Your doctor might have this information, but only you and the person you care for know what he or she is taking every day.

Date _____

Current "controller" medication

Medication name _____

What it looks like _____

When to use it _____

How much to use _____

Current "reliever" medication

Medication name _____

What it looks like _____

When to use it _____

How much to use _____

Other medication

Medication name _____

What it looks like _____

When to use it _____

How much to use _____

Other medication

Medication name _____

What it looks like _____

When to use it _____

How much to use _____

THE COPD CAREGIVER'S TOOLKIT