

# MEDICATION LIST AND INFORMATION SHEET

With your health care professional, list the medications prescribed for you. Please include when and how you should take them and any special instructions. Remember to update the information as needed. This is especially important if your medications or dosage change in any way. You can transfer this information to the [Mood Tracking Diary](#).

Medication name	Medication name
Amount	Amount
Time of day	Time of day
Special Instructions	Special Instructions
Prescribed by	Prescribed by
Date	Date
Medication name	Medication name
Amount	Amount
Time of day	Time of day
Special Instructions	Special Instructions
Prescribed by	Prescribed by
Date	Date
Medication name	Medication name
Amount	Amount
Time of day	Time of day
Special Instructions	Special Instructions
Prescribed by	Prescribed by
Date	Date