



Lexington Clinic

CANCER CENTERS

The John D. Cronin Cancer Center
 KentuckyOne Health Office Park
 1401 Harrodsburg Road, A-100 | Lexington, KY 40504
 859.258.6520

Richmond Regional Oncology Center
 793 Eastern Bypass, Suite G2 | Richmond, KY 40475
 859.626.9003

MY MEDICATION TRACKER

START DATE: ____/____/____

END DATE: ____/____/____

Name: _____ Date of Birth: _____
LAST FIRST MIDDLE INITIAL MONTH/DAY/YEAR

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Please list all medications currently being used, including both prescription and over the counter (OTC) medications.

Please bring your medication tracker form with you to your appointments to review with your provider.

List Medication(s)	Dosage	Check Days Taken	Any Adverse Effects? If so, please describe.
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	
		<input type="checkbox"/> SUN. <input type="checkbox"/> MON. <input type="checkbox"/> TUES. <input type="checkbox"/> WED. <input type="checkbox"/> THURS. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT.	