



Medication and Allergy Tracking Chart

Patient Label

This chart can help you keep track of the medicines – prescriptions, over-the-counter medicines, herbs, vitamins or minerals – you take during your cancer treatment. If you have any questions or concerns about your medicines, please talk to your pharmacist or any member of your health care team.

Allergies

No Known Drug Allergy

No Known Food Allergy

Non-Drug Allergies: Tape IV Contrast Iodine Latex

Medication	Describe Reaction
Food	Describe Reactions

Pharmacy: _____ Phone Number: _____

Some medications can be harmful, especially when taken together. **Please bring *all* of your medicines that you are currently taking with you** when you come for your appointment.

Name of Medicine	Type of Medicine	Purpose	Date Medicine Started	Strength	How many times a day
<i>Example:</i> Compazine	P	Medication for Nausea	1/26/16	10mg	(1) tablet every 6hrs

*For type of medicine, use the following codes: **P** = Prescription **OTC** = Over the Counter **H** = Herb
V = Vitamin **M** = Mineral **O** = Other (please list)

