



DRUG USAGE CHART
Chapter 5 of *The Complete Eldercare Planner*

*Print as many copies as the number of drugs
your elder is currently taking. Update information as needed.*

Date _____

Elder's Name _____

Drug name _____

Drug purpose _____

Drug color and shape _____

Amount to take _____

When to take _____

How to take _____

How long to take _____

Possible side effects _____