TEMPLATE F

Medication and Meal Timing Log (Filled In by the Clinician or Pharmacist)

Use with Chapter 11. **Hand this sheet to the pharmacist or prescriber and ask them to fill in or check the food instructions.** You copy only what they write or what the label says. Don't change any time or dose without the prescriber or pharmacist.

Medicine (as on the label)	Dose and time (as prescribed)	Food instruction, in the clinician's or label's words	Filled in by (name, role)	Date

Foods or drinks the pharmacist or prescriber said to avoid or keep steady, in their words:

_____

Reviewed by (pharmacist or prescriber): _____ On: _____ Next review: _____