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Medication and Symptom

JOURNAL

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SHP_202511541C

MY MEDICATIONS

Medication Name	Time of Day Taken	Dosage	Start Date	End Date

**Please see inside back cover for an example and important contacts.*

Today's Date

Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken

Comments
(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?

Today's Date

Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken

Comments
(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?

Today's Date

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Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken

Comments
(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?

Today's Date		
Medication Name/Dosage	**Time Taken** (morning, noon, evening)	**Amount Taken**
Comments (Symptoms, Side Effects, Feelings, Etc.)		**How do you feel today?** 

My Pharmacy's number is

.....

My Doctor's number is

.....

My Care Manager/Care Coordinator's name is

.....

My Care Manager/Care Coordinator's number is

.....

For more information including how to find a provider, frequently asked questions, and helpful resources - please visit us at Ambetter.SuperiorHealthPlan.com.