



# 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	1/26/10	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)

