**Patient Medication Schedule**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Take These Medications** | | **At These Times** | | | |
| **Time 1:**  (e.g. 8AM, 10PM) | **Time 2:** | **Time 3:** | **Time 4:** |
| Drug name: | *Enalapril* | **1**  Tablet |  |  |  |
| Strength/Form: | 5 mg tablet |
| Purpose: | Controls Blood pressure |
| Drug name: |  |  |  |  |  |
| Strength/Form: |  |
| Purpose: |  |
| Drug name: |  |  |  |  |  |
| Strength/Form |  |
| Purpose: |  |
| Drug name: |  |  |  |  |  |
| Strength/Form |  |
| Purpose: |  |
| Drug name: |  |  |  |  |  |
| Strength/Form |  |
| Purpose: |  |
| Drug name: |  |  |  |  |  |
| Strength/Form |  |
| Purpose: |  |
| Drug name: |  |  |  |  |  |
| Strength/Form |  |
| Purpose: |  |

**Directions:** Create a schedule for your patient to follow with all of their current medications listed. For each medication list, drug name, strength and form, and purpose. In the second row, list the time of the day, you and your patient have mutually worked out about how and when the medication should be administered. Take into consideration your patient’s lifestyle while deciding upon their schedule. Also make sure the times and groups maximize therapeutic benefit. Be very specific with the times so that they can use a pill box or other form of adherence tool correctly once they go home. ***Example****: “If you want your patient to take their enalapril in the morning and they wake up at 8 AM make sure the time correlates with the times they are awake. See below.”*