

Medication Side Effects Documentation

Patient Name: [Patient Name]

Date: [Date]

Medication: [Medication Name]

Dosage: [Dosage Information]

Side Effects Experienced:

- [Side Effect 1]
- [Side Effect 2]
- [Side Effect 3]

Date Side Effects Were Noted: [Date]

Actions Taken: [Actions Taken]

Physician's Observations:

[Observations]

Next Appointment: [Next Appointment Date]

Signature: [Physician's Signature]