



Weekly Medication Log

Note: If you feel that your child may have symptoms of ADHD, you should consult your doctor or a behavioral health professional. Only your health care professional can make a diagnosis. This form is intended as a tool to help you and your health care professional in medication management, and is not intended as medical/clinical advice or treatment. You should discuss your child's medications and your use of this form with your health care professional. For more information about your behavioral health benefits, you can call CIGNA at 1.800.926.2273.

Record For: _____ Known Allergic Reactions to Medication: _____

Known Allergies: _____ Medical Problems/Serious Injuries: _____

Medication Name: Prescribing MD: Start Date of Prescription:	Dose	Date	Date	Date	Date	Date	Date	Date	Comment about side effects or progress
Example: Adderall Dr. John Q. Public August 17, 2009	10 mg (Note each dose given)	8/17/2009 After Breakfast After Lunch	8/18/2009 After Breakfast After Lunch	8/19/2009 After Breakfast After Lunch	8/20/2009 After Breakfast After Lunch	8/21/2009 After Breakfast After Lunch			Good response. No problems.

Medication Name: Prescribing MD: Start Date of Prescription:	Dose	Date	Date	Date	Date	Date	Date	Date	Comments about side effects or progress

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