



superior
healthplan™

Medication and Symptom

JOURNAL

SuperiorHealthPlan.com

SHP_20174338C

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

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

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(morning, noon, evening)

Amount Taken

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Time Taken

(morning, noon, evening)

Amount Taken

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Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



Today's Date <i>12/24</i>		
Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken
<i>Cymbalta</i>	<i>Morning</i>	<i>1 pill</i>
Comments (Symptoms, Side Effects, Feelings, Etc.) <i>Moody, Headache, Tired!!</i>		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 SuperiorHealthPlan.com

