

State Court of Fulton County Recovery Treatment Court Program



Medication Log

Name:		Date:	
Name of Medication: (One medication per sheet)		Date Started: Date Stopped: (Or N/A)	
Dosage, Frequency:	Purpose Prescribed? (For allergies, depression, etc)		# of refills allowed

Date Taken	Time Taken	Amount Taken

Court use only		
Date received _____		
Reviewed by _____		