

Thyroid Medication Tracker

Current medication reference and care-team notes

MEDICATION SAFETY

DATE UPDATED

Record your medication exactly as it was prescribed. Do not use this worksheet to start, stop, skip, increase, decrease, or otherwise change a medication.

MEDICATION 1

MEDICATION NAME

PRESCRIBED STRENGTH / DOSE

START DATE, IF KNOWN

PRESCRIBED SCHEDULE / DIRECTIONS

PRESCRIBING HEALTHCARE PROFESSIONAL

USUAL TIME / ROUTINE

MEDICATION 2, IF APPLICABLE

MEDICATION NAME

PRESCRIBED STRENGTH / DOSE

START DATE, IF KNOWN

PRESCRIBED SCHEDULE / DIRECTIONS

PRESCRIBING HEALTHCARE PROFESSIONAL

USUAL TIME / ROUTINE

ROUTINE AND CARE-TEAM NOTES

USUAL TIMING RELATIVE TO FOOD OR DRINKS

USUAL TIMING RELATIVE TO SUPPLEMENTS OR OTHER MEDICINES

PROVIDER OR PHARMACIST INSTRUCTIONS I WANT TO REMEMBER

For personal organization only. This worksheet is not medical advice, a diagnostic tool, or a substitute for care from a qualified healthcare professional.

<https://hypothyroidsupport.org>

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Optional short dose log and clinician-directed changes

OPTIONAL PAGE

Use this page only when a short dose log would be useful to you.
Record what happened; do not turn it into an adherence score.

OPTIONAL 14-DAY DOSE LOG

Check one status for each date. Ask your prescriber or pharmacist what to do if you are unsure.

DATE	TAKEN AS PRESCRIBED?	APPROX. TIME	NOTES
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		

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	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		
	☐ Yes ☐ Missed ☐ Late ☐ Not recorded		

CLINICIAN-DIRECTED CHANGE HISTORY

DATE	CHANGE MADE BY MY HEALTHCARE PROFESSIONAL	NEW PRESCRIBED DOSE / SCHEDULE

QUESTIONS FOR MY PRESCRIBER OR PHARMACIST

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