





*Improving  
knowledge  
for those  
affected by  
Down  
syndrome*

# Medication Log

Medication Name: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Condition Prescribed For: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

Physician/Pharmacy:Allergies?: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Condition Prescribed For: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

Physician/Pharmacy:Allergies?: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Condition Prescribed For: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

Physician/Pharmacy:Allergies?: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Condition Prescribed For: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

Physician/Pharmacy:Allergies?: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Condition Prescribed For: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

Physician/Pharmacy:Allergies?: \_\_\_\_\_

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*The DSIA and it's representatives are not responsible for actions taken as a result of using this guide.*



# Therapy Progress Sheets

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PROGRESS NOTE FOR: SPEECH    PT    OT    MUSIC    OTHER \_\_\_\_\_

Therapist/Teacher/Provider: \_\_\_\_\_

Date: \_\_\_\_\_

We Worked on: \_\_\_\_\_

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Achievements: \_\_\_\_\_

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Concerns for Issues : \_\_\_\_\_

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Home Plan: \_\_\_\_\_

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PROGRESS NOTE FOR: SPEECH    PT    OT    MUSIC    OTHER \_\_\_\_\_

Therapist/Teacher/Provider: \_\_\_\_\_

Date: \_\_\_\_\_

We Worked on: \_\_\_\_\_

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Achievements: \_\_\_\_\_

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Concerns for Issues : \_\_\_\_\_

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Home Plan: \_\_\_\_\_

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