

GOALS

RISKS

TACTICS

Medications & Supplements Worksheet

TACTIC 04 / 05

STEP 1: ASSESS

Medications & Supplements Worksheet

DATE

(CIRCLE ONE)

MEDICATIONS

SUPPLEMENTS

I will take both medications and supplements

I will happily take supplements, but prefer to never take prescription medications

I will take prescription medications but I don't trust supplements

I prefer to take no medications or supplements

WHAT TYPE OF PERSON AM I WHEN IT COMES TO HOW I VIEW AND USE MEDICATIONS AND SUPPLEMENTS? AM I OVERWEIGHTING THEIR VALUE? UNDERWEIGHTING?

STEP 1: ASSESS

Medications & Supplements Worksheet

DATE

MEDICATION OR SUPPLEMENT

OBJECTIVE IN TAKING THIS MEDICATION OR SUPPLEMENT

01 LIFESPAN OR HEALTHSPAN

02 DISEASE OR GENERAL GEROPROTECTIVE

03 NUTRITIONAL DEFICIT OR SUPRA-NORMAL LEVELS

04 UNDERSTOOD MECHANISM

05 BIOMARKER

06 SAFETY & EFFICACY (HUMAN DATA)

07 SAFETY & EFFICACY (ANIMAL DATA)

08 REGULATED OR UNREGULATED

BASED ON THE RESULTS ABOVE, DO I NEED TO REASSESS TAKING THIS MEDICATION OR SUPPLEMENT? DO I NEED TO WORK WITH A PROFESSIONAL TO DO SO?

STEP 2: PLAN

Medications & Supplements Worksheet

DATE

OBJECTIVE (RISK FACTOR THE MEDICATION ADDRESSES)	MEDICATION OR SUPPLEMENT

STEP 2: PLAN

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BASED ON MY LIST OF MEDICATIONS AND SUPPLEMENTS, DO I NEED TO REEVALUATE ANY OF THE ONES I'M CURRENTLY TAKING?

DO I HAVE ANY RISK FACTORS THAT AREN'T BEING ADDRESSED BY A MEDICATION OR SUPPLEMENT?

STEP 3: TRACK

DATES

Medications & Supplements Worksheet

MEDICATION OR SUPPLEMENT	WHAT WILL I DO NEXT TO CONTINUE TRACKING THIS?

REFLECT

DATE

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HOW WILL I WORK WITH A HEALTHCARE PROFESSIONAL TO CONTINUE ASSESSING MEDICATION CHOICE, DOSING, FREQUENCY, AND OTHER SUCH CONSIDERATIONS?

HOW WILL I MONITOR NEW INFORMATION AS IT BECOMES AVAILABLE FOR MEDICATIONS I AM CURRENTLY TAKING OR CONSIDERING TAKING?

I WILL REPEAT MY LABS TO ASSESS THE IMPACT OF MY MEDICATIONS EVERY...

THE NEXT TIME I WILL REPEAT MY LABS IS...



Not medical advice

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