THE MASTOCYTOSIS SOCIETY

Mast Cell Disorders

MEDICATION BY INDICATION ORGANIZER

MAJOR ILLNESSES

INDICATION #1: Mastocytosis **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
EXAMPLE ONLY Gastrocrom 100 mg ampules	☒Y ☐N	200 mg -2 ampules	4x Dy 30 min before meals	Stabilize mast cells in GI tract; Brain fog
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #2: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

MEDICATION BY INDICATION ORGANIZER

INDICATION #3: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #4: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

MEDICATION BY INDICATION ORGANIZER

INDICATION #5: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #6: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

OTHER ILLNESSES

INDICATION #7: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

MEDICATION BY INDICATION ORGANIZER

INDICATION #8: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #9: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #10: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #11: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #12: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

MEDICATION BY INDICATION ORGANIZER

INDICATION #13: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #14: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #15: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #16: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #17: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

MEDICATION BY INDICATION ORGANIZER

INDICATION #18: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #19: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			

INDICATION #20: _____ **MEDICATION LIST:**

Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			
	☐Y ☐N			