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CURRENT MEDICATION LIST

Please bring this form with you to your appointment. If you prefer to bring your medications with you instead, please place all medications in a bag and provide to the nurse during your appointment.

Click here to enter text.
Patient Name (First, Middle Initial, Last)

Click here to enter text.
Date of Birth

KNOWN MEDICATION ALLERGIES

MEDICATIONS
Include: Prescriptions, over-the-counters, vitamins, herbals, supplements)

Medication Name	Dosage	Frequency	How I take it:
Ex. Advil	200mg	As needed	Orally
Ex. Bystolic	5mg	Once a day	Orally