



current meds/suppliments form

name _____ date of birth _____

Please list any medications, either by prescription or over-the-counter and all vitamins/supplements/herbs, you are regularly taking or have taken in the past 6 months. Include dosage, if known:

Prescription Drugs: (If you brought this with you on a separate paper just attach)

- 1. _____ Reason for taking _____ Dosage _____
- 2. _____ Reason for taking _____ Dosage _____
- 3. _____ Reason for taking _____ Dosage _____
- 4. _____ Reason for taking _____ Dosage _____
- 5. _____ Reason for taking _____ Dosage _____
- 6. _____ Reason for taking _____ Dosage _____

Over the counter Drugs:

- 7. _____ Reason for taking _____ Dosage _____
- 8. _____ Reason for taking _____ Dosage _____
- 9. _____ Reason for taking _____ Dosage _____
- 10. _____ Reason for taking _____ Dosage _____

Vitamins/Supplements:

- 11. _____ Reason for taking _____ Dosage _____
- 12. _____ Reason for taking _____ Dosage _____
- 13. _____ Reason for taking _____ Dosage _____
- 14. _____ Reason for taking _____ Dosage _____

Herbs:

- 15. _____ Reason for taking _____ Dosage _____
- 16. _____ Reason for taking _____ Dosage _____
- 17. _____ Reason for taking _____ Dosage _____
- 18. _____ Reason for taking _____ Dosage _____

Please list any habits you would like me to know about (smoking, alcohol, caffeine, etc):
