

List of Current Medications

List all prescription, over-the-counter, herbal, vitamin, and diet supplement products.

Patient Name: _____

D.O.B. _____

Medication	Dose	How Often You Take the Medication	Route of Administration (oral, topical, injection)	Date Started	Prescriber	Stopped	Date Stopped
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	

NEW MEDICATION, IF APPLICABLE:

Medication	Dose	How Often You Take the Medication:	Route of Administration (oral, topical, injection)	Date Started	Prescriber	Stopped	Date Stopped
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	
						<input type="checkbox"/> YES	

REVIEWED BY PATIENT (EVERY VISIT):

<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature
<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature
<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature
<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature	<input type="checkbox"/> _____ / _____ /20 _____ Patient Signature