

PATIENT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

\*PLEASE FILL OUT COMPLETELY AND NOT JUST THE MEDICATION NAME.\*

|    | <b>WHAT MEDICATIONS I'M TAKING CURRENTLY</b> | <b>FORM</b><br>(PILL,INJECTION,LIQUID, PATCH, ETC) | <b>DOSAGE</b> | <b>HOW MUCH AND WHEN</b> | <b>USE</b><br>(REGULARLY OR OCCASIONALLY) | <b>NOTES, DIRECTIONS, REASONS FOR USE</b> |
|----|--|--|---------------|--------------------------|---|---|
| 1  |  |  |               |                          |   |   |
| 2  |  |  |               |                          |   |   |
| 3  |  |  |               |                          |   |   |
| 4  |  |  |               |                          |   |   |
| 5  |  |  |               |                          |   |   |
| 6  |  |  |               |                          |   |   |
| 7  |  |  |               |                          |   |   |
| 8  |  |  |               |                          |   |   |
| 9  |  |  |               |                          |   |   |
| 10 |  |  |               |                          |   |   |
| 11 |  |  |               |                          |   |   |
| 12 |  |  |               |                          |   |   |