Name: _____

Date: _____

LIST OF CURRENT MEDICATIONS

If you have a separate list of your medications, please bring the printed list to your appointment.
List all prescription medications, including all vitamins, over-the-counter supplements, drops and ointments.
Also list any medicine you take only on occasion or “as needed” such as Viagra, Albuterol and Nitroglycerin.

MEDICATIONS (Brand and Generic Name)	DOSE	REASON FOR TAKING MEDS	HOW OFTEN DO YOU TAKE YOUR MEDS

ALLERGIES TO MEDICATIONS: ☐ **NONE**

1._____

2._____

3._____