

Medication List:

Help us care for you better by telling us what **prescriptions**, over the counter, and supplements(include ALL Aspirin, Ibuprofen, Aleve, Excedrin, BC Powder, Fish Oil, Vitamin E) you take. Update this list every time you visit us, if necessary.

Name of Meds:	Dose in mgs:	When do you take it? (AM/PM)	Why do you take it?	Start/Stop Date:

List all Allergies: _____

Pharmacy Name and Phone Number: _____

Name: _____ Date of Birth: _____

Nurses' initials & Date: _____