

PLEASE LIST ALL MEDICATIONS, SUPPLEMENTS, VITAMINS, ETC. THAT YOU TAKE

...INLCUDE THE DOSAGE, FREQUENCY AND REASON THAT YOU TAKE EACH.

***example: Calcium -- 600mg -- two tabs once per day -- osteoporosis

(use the flip side if additional space is needed) This information will be reviewed at each visit...

Product Name	DOSE/unit	How many & how often	Reason you take it
CHECK BOX IF LIST	CONTINUES	ON OTHER SIDE	
*******ignature below verifies that the informatio			**************************************
atient's PRINTED name:			
SNATURE:			
GNATURE OF: (PLEASE CIRCLE) Patient / Parent / Legal Guardian / Patient Advocate			Date