MEDICATION LIST

▶ **Bring this form to each appointment** ◀ **LAST UPDATED:**

Name:	**Sponsor SSN:**
List Your Allergies:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:
1) Prescription and over-the-counter Medications (examples: aspirin, antacids).
2) Herbals (examples: ginseng, gingko).
3) Supplements (vitamins, omega 3 fatty acids).
4) Include medications taken as needed (example: nitroglycerin, Epi-pen).

DATE	NAME OF MEDICATION	HOW OFTEN AND HOW MUCH	REASON FOR TAKING MEDICATION

1. Take this form to ALL doctor visits, when you go for tests and ALL hospital visits. This includes all specialty referrals.

2. Doctors need to know the herbals, vitamins, supplements, and over-the-counter medicines you take to check for cross reactions.