CURRENT MEDICATION INFORMATION

PATIENT INFORMATION

Name:	Date:

Pharmacy of Choice:	Phone Number (if available):

CURRENT MEDICATION REGIMEN

Name of medication:	Dosage	/	Freq.	Current condition being treated?	Physician prescribing medication:	Physician's address & phone #:
EXAMPLE: Lipitor	80mg		1 daily	Cholesterol	Dr. J. Kimball	XXX Louis Dr. – Lafayette 337-XXX-XXXX

Are you taking or have you recently taken any over the counter medicine(s)? .... ☐ Yes   ☐ No ☐ Don't know
If so, please list all, including vitamins, natural or herbal preparations and/or diet supplements: