



**Patient Health History and Information Medication List**

In order to maintain optimal care, it is important for us to maintain an up-to-date list of all of your medications.

***\*If you have a current list of your medications, we will be happy to make a copy to attach here.\****

<b>Name of <u>prescription</u> medication</b>	<b>Dosage</b>	<b>Why are you taking this medication?</b>	<b>How often do you take this medication?</b>	<b>How do you take it? (by mouth, injection, etc.)</b>
<i>Example: Lasix</i>	<i>20mg</i>	<i>High blood pressure</i>	<i>Two times a day</i>	<i>By mouth</i>
<b>Over the counter medication or nutritional supplements</b>	<b>Dosage</b>	<b>Why are you taking this medication?</b>	<b>How often do you take this medication?</b>	<b>How do you take it? (by mouth, injection, etc.)</b>

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_