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| --- | --- | --- | --- | --- | --- | --- |
| **Preferred name:\_\_\_\_\_\_\_\_\_\_\_ Legal name (if differs): \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_**  **THIS IS A LIST OF THE MEDICATIONS THAT I TAKE** BRING THIS LIST OF MEDICATIONS TO YOUR APPOINTMENT | | | | | | |
| **MEDICATION NAME**  ***CHECK YOUR MEDICATION BOTTLES AND LABELS FOR THIS INFORMATION*** | **MEDICATION STRENGTH** | **HOW MUCH DO I USE OR TAKE AT ONE TIME OR PER DOSE?** | | **HOW DO I TAKE OR USE THE MEDICATION?** | **HOW OFTEN DO I TAKE THE MEDICATION?** | **WHY DO I TAKE THIS MEDICATION?** |
| --HERBALS --EYE DROPS  --PRESCRIPTIONS --INHALERS  --SUPPLEMENTS --VITAMINS  --OVER-THE-COUNTER MEDS OR MEDS PURCHASED WITHOUT A PRESCRIPTION -- ETC | EXAMPLE:  # MG,  # UNITS,  #MCG, MG/ML ETC | EXAMPLE:  2 TABLETS,  1 TEASPOON,  1 PATCH,  2 SPRAYS, ETC | | EXAMPLE:  BY MOUTH, APPLY TO THE SKIN, INSERT INTO THE RECTUM, ETC. | EXAMPLE:  ONCE A DAY, TWICE DAILY, EVERY 4 HOURS, ONLY WHEN I NEED IT, ETC | EXAMPLE:  FOR PAIN,  FOR MY HEART,  FOR MY BONES, ETC |
| 1. |  |  | |  |  |  |
| 2. |  |  | |  |  |  |
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| 8. |  |  | |  |  |  |
| 9. |  |  | |  |  |  |
| 10. |  |  | |  |  |  |
| 11. |  |  | |  |  |  |
| 12. |  |  | |  |  |  |
| 13. |  |  | |  |  |  |
| 14. |  |  | |  |  |  |
| 15. |  |  | |  |  |  |
| **HAVE YOU TAKEN ANY MEDICATIONS THAT HAVE CAUSED PROBLEMS LIKE RASHES, UPSET STOMACH, BLEEDING, MUSCLE PAIN, OR OTHER SIDE EFFECTS.**  **LIST THE NAME OF THE MEDICATION AND THE PROBLEM IT CAUSED:** | | | | | | |
| **WHAT PHARMACY DO YOU USE?**  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | DO YOU HAVE INSURANCE TO HELP PAY FOR YOUR MEDICATIONS?   * YES: NAME OF INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NO   **HOW MUCH DO YOU WEIGH?**  WEIGHT IN POUNDS = \_\_\_\_\_\_\_\_\_\_\_\_\_ LBS. | | | |