Medications list

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this page and fill in the information before your appointment. You will want to keep a copy for your records.

Prescription medications

Using the chart below, list **all** the brand-name and generic prescription medications you currently take. Be sure to fill in all the information for each medication. The amount of medicine in each pill appears on the prescription label in milligrams (mg). The dosage is the amount of medication in each pill multiplied by the number of pills you take each time.

Medication name	Prescribing doctor's name	Reason for taking the medication	Dosage (in mg)	How often? (such as 3x/day)

Nonprescription medications, vitamins, and supplements			
List all those you take occasionally, such as aspirin for headache, as well as those you take every day, such as a multivitamin or nutritional supplement. Include any herbs or alternative medicines that you take.			
Name	**Reason for taking the medication**	**Dosage (in mg)**	**How often? (such as 3x/day)**

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