



Name & Phone Number: \_\_\_\_\_

Date Updated: \_\_\_\_\_

Food & Drug Allergies: \_\_\_\_\_

My **PRESCRIPTION** medications are

Name of Drug	What It's for	Strength/ Dose	Color/ Shape	How Often You Take It & When	Doctor Who Prescribed It	Date Started	Special Instructions
<i><b>SAMPLE:</b> Lipitor</i>	<i>Cholesterol</i>	<i>10 mg</i>	<i>White, Oval</i>	<i>1 each day</i>	<i>Dr. Jones</i>	<i>5/24/2007</i>	<i>No grapefruit</i>



Name & Phone Number: \_\_\_\_\_

Date Updated: \_\_\_\_\_

Food & Drug Allergies: \_\_\_\_\_

My **Over-the-Counter** medications, **Vitamins**, and **Herbal Supplements** are

Name	Why You Take It	Strength/ Dose	How Often You Take It & When	Doctor Who Recommended It, If Any	Date Started	Does It Work?
<b>SAMPLE: Advil</b>	<i>Arthritis pain</i>	<i>200 mg</i>	<i>Twice daily</i>		<i>01/29/2001</i>	<i>Yes</i>