

**PLEASE COMPLETE ALL MEDICATIONS YOU ARE TAKING INCLUDING:
PRESCRIPTION, OVER-THE-COUNTER, AND HERBAL.**

MEDICATION LOG

Patient _____ Birthdate _____

Home Phone _____ Work Phone _____ Occupation _____

Pharmacy _____ Pharmacy Phone _____

**MEDICAL/ALLERGY
ALERTS:**

DATE Rx	MEDICATION	DOSAGE	QTY.	FREQ.	REFILLS DATE AND INITIAL			STOP DATE

Notes: _____

