

Patient Health and Medication Update

Patient name _____

Do you have any specific health or dental concerns today? Yes/No

If yes, please explain _____

Have you been hospitalized since your last visit here? Yes/No

If yes, please explain _____

Please list the medications that have been prescribed by your doctor:

Name of Medications How much and how often? Why do you take it?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the medications that you have selected on your own (also called "over-the-counter" or OTC). These might include medicines for pain or headache (Tylenol, Motrin ib, Advil), stomach problems (Maalox, Pepto Bismol, Zantac), cough or cold symptoms (Robitussin, Dimetapp, Sudafed), allergies (Benadryl), etc.

Name of Medications How much and how often? Why do you take it?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the herbs or other all-natural supplements that you are taking (such as ginseng, St Johns wort, Saw Palmetto, bilberry, etc):

Name of Herb or Supplement How much and how often? Why do you take it?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you like to drink grapefruit juice? Yes/No

If Yes, how often? _____

Do you like to drink cranberry juice? Yes/No

If Yes, how often? _____

Do you regularly take any type of vitamin(s)? Yes/No

If Yes, explain: _____

Patient Signature _____ Date _____