

MEDICATIONS, VITAMINS AND HERBALS

Medication Allergies: None, Penicillin, Sulfa, Other _____

Please list all of your medications (prescription and non-prescription), vitamins, herbal, and homeopathic remedies.

MEDICATION	DOSE OF EACH PILL (in mg, grams, units, etc.)	NUMBER OF PILLS YOU TAKE AND WHEN YOU TAKE THEM.
EXAMPLE: TYLENOL	500 mg (Extra-Strength)	2 pills at 8 am and 10 pm and sometimes 2 pills 4 times a day as needed.

Name (print): _____

Date: _____