

Name:**Date of Birth:****Allergies (if any):**

The After Visit Summary given at the conclusion of your visit will list all of your medications we are aware of.

Use this form below to log any changes to your medications between visits to our office (eg. new medications, changes to the dose or frequency of your existing medications, or discontinued medications).

Remember to bring this form and update us at your next visit.

MEDICATIONS (Prescription and Over-the-Counter)

Drug Name	Dose and Form (eg. 20mg capsule)	How many and how often do you take it? (eg. One capsule twice daily)	Why I take it	Prescriber Name

MEDICATIONS (Prescription and Over-the-Counter) – Continued				
Drug Name	Dose and Form (eg. 20mg capsule)	How many and how often do you take it? (eg. One capsule twice daily)	Why I take it	Prescriber Name

VITAMINS, HERBAL OR DIETARY SUPPLEMENTS		
Name	Dose and Form	How many and how often do you take it?