

PRESCRIPTION MEDICATIONS

PRESCRIPTION MEDICATIONS: LIST ALL brand-name and generic prescription and over-the-counter medications currently taken.

Date <i>started</i>	Medication Name	Dose	How Often?	Reason for taking the medication	Date <i>stopped</i>

NONPRESCRIPTION MEDICATIONS, VITAMINS AND SUPPLEMENTS: LIST ALL those you take occasionally, such as aspirin for headache, as well as those you take every day, such as a multivitamin or nutritional supplement. Include any herbs or alternative medicines that you take.

Date <i>started</i>	Medication Name	Dose	How Often?	Reason for taking the medication	Date <i>stopped</i>