

Current Medications

Please tell us what medications are you currently taking. Please list the ones more important first. Also tell us how effective are these. In the Comments section, please tell us what you understand to be the purpose of the medication, as well as any other information you think is pertinent. Please be so kind as to print so that we may read it easily and avoid misreading these.

	Medication	Date Started	Perscriber	Dose and How Taken	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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10.					
11.					
12.					
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16.					
17.					
18.					
19.					
20.					

Current Medications (v.1.0)

Date: _____

Patient Name: _____

Current Medications (v.1.0)
Date: _____

Patient Name: _____