

Prior Medications Tried

Please tell us what medications have you tried in the past to help you with your pain. Please list the ones more important and more recent first. Also tell us how effective were these. In the Comments section, please tell us what you understood to be the purpose of the medication, as well as any other information you think is pertinent.

	Medication	Dates of use	Perscriber	Dose and How Taken	Comments
1.					
2.					
3.					
4.					
5.					
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18.					
19.					
20.					

Prior Medications Tried (v.1.0)

Date: _____

Patient Name: _____