

## MEDICATION LIST

Please list all current medications (including prescription, over-the-counter, herbals, vitamin/mineral/dietary/nutritional supplements), including drug name, dosage, frequency and route. If you are not currently taking any medications, please indicate this at the bottom of the form.

Drug Name	Diagnosis/why it is taken	Dosage	Frequency	Route

- I am not currently taking medications of any kind (including prescription, over-the-counter, herbals, vitamin/mineral/dietary/nutritional supplements) routinely and/or as needed.

**I acknowledge that these are the medications I am currently taking at this time.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

