

## Current Medications/Vitamins/Supplements/ OTC

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

### Prescribing Physicians:

Primary Care Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

#1 Specialist \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Specialty \_\_\_\_\_

#2 Specialist \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Specialty \_\_\_\_\_

#3 Specialist \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Specialty \_\_\_\_\_

#4 Specialist \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Specialty \_\_\_\_\_

<b>Medications</b>				
Name	Dosage	Frequency	Route	Prescriber (circle)
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4
				PCP #1 #2 #3 #4

**Vitamins/Supplements**


**Over the Counter Medications taken on a Regular Basis – more days than not.**
