PATIENT MEDICATION LIST

Patient Name			Date This Form Completed		
	LIS	T ALL <u>CURRENT</u> PRESCR	RIPTION MEDICATION		
CURRENT MEDICATION NAME	DOSE (mg) & MONTHS TAKEN	REASON PRESCRIBED FOR	RESPONSE TO MEDICATION	PRESCRIBING PHYSICIAN'S NAME	DATE BEGAN TAKING THIS MEDICATION
1.					
3.					
4.					
5.					
LIST ALL <u>CURRENT</u>	OVER THE COUNTER M	EDICATION, VITAMINS, S	UPPLEMENTS, NEUTRICEUTIC	ALS, HERBALS & A	LL OTHERS
CURRENT MEDICATION	DOSE (mg) & MONTHS	REASON	RESPONSE TO MEDICATION		DATE BEGAN
NAME	TAKEN	TAKING			TAKING THIS MEDICATION
NAME 1.	TAKEN	TAKING			
	TAKEN	TAKING			
1.	TAKEN	TAKING			
1.	TAKEN	TAKING			
1. 2. 3.	TAKEN	TAKING PAST PSYCHIATRIC ME	DICATION ONLY		
1. 2. 3.	DOSE (mg) & TIME(S) TAKEN		DICATION ONLY RESPONSE TO MEDICATION	PRESCRIBING PHYSICIAN'S NAME	
1. 2. 3. 4. PAST PSYCHIATRIC	DOSE (mg) & TIME(S)	PAST PSYCHIATRIC ME		PHYSICIAN'S	DATE BEGAN TAKING THIS
1. 2. 3. 4. PAST PSYCHIATRIC	DOSE (mg) & TIME(S)	PAST PSYCHIATRIC ME		PHYSICIAN'S	DATE BEGAN TAKING THIS

PATIENT MEDICATION LIST (continuation/ update page)

LIST ALL <u>CURRENT</u> PRESCRIPTION MEDICATION

CURRENT MEDICATION NAME	DOSE (mg) & MONTHS TAKEN	REASON PRESCRIBED FOR	RESPONSE TO MEDICATION	PRESCRIBING PHYSICIAN'S NAME	DATE BEGAN TAKING THIS MEDICATION
1.					
2.					
3.					
4.					
5.					

LIST ALL <u>CURRENT</u> OVER THE COUNTER MEDICATION, VITAMINS, SUPPLEMENTS, NEUTRICEUTICALS, HERBALS & ALL OTHERS

CURRENT MEDICATION NAME	DOSE (mg) & MONTHS TAKEN	REASON TAKING	RESPONSE TO MEDICATION	DATE BEGAN TAKING THIS MEDICATION
1.				
2.				
3.				
4.				

PAST PSYCHIATRIC MEDICATION ONLY

PAST PSYCHIATRIC MEDICATION NAME	DOSE (mg) & TIME(S) TAKEN	REASON PRESCRIBED FOR	RESPONSE TO MEDICATION	PRESCRIBING PHYSICIAN'S NAME	DATE BEGAN TAKING THIS MEDICATION
1.					
2.					
3.					
4.					