

Name: \_\_\_\_\_  
Date Updated: \_\_\_\_\_

**LIST OF CURRENT MEDICINES:**

List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medication (Brand and generic Name)	Dose	How and how often you take the medicine	Reason for taking	Date started	Date stopped	Doctor Name

Check here if additional pages are attached. [ ]