

## CURRENT MEDICATION UPDATE

Please list **all current medications** including prescription, over the counter, and any vitamin supplements:

Please list any **allergies** you have to prescription or over the counter medications:

Please **list the date** of your last cycle: \_\_\_\_\_

**OR** indicate one of the following:     menopause     hysterectomy

Please indicate one of the following:     smoker     non-smoker

Please list any existing medical conditions:

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