

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, over the counter medications or any **food** allergies:

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: _____