

PATIENT MEDICATION LIST

Patient Name _____

Date This Form Completed _____

LIST ALL CURRENT 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 CURRENT 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.					

Please use back of form for additional space if needed

PATIENT MEDICATION LIST (continuation/ update page)

LIST ALL CURRENT 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 CURRENT 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.					