MEDICATION LIST

Name:	**Pharmacy:**
Birthdate:	**Pharmacy Phone Number:**

Allergic To/Describe Reaction:	**Allergic To/Describe Reaction:**

List **ALL** prescription and over-the-counter (non-prescription) medications such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Gingko Biloba, St. John's Wort)
Include all meds taken as needed, (ex. Viagra, Nitroglycerin, Motrin).

Date	Medication Name	Dosage	Frequency	Route of Administration	Date Began/DC'd
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