

LISTING OF MEDICATIONS

Intern name _____

Last updated _____

Patient Name _____ **Date of Birth** _____

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/or generic name)	Dose	How often do you take this medicine?	Reason for taking	Started when?	Stopped when?	Who prescribed it?

LISTING OF MEDICATIONS (continued)

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/or generic name)	Dose	How often do you take this medicine?	Reason for taking	Started when?	Stopped when?	Who prescribed it?