Academy for Five Element Acupuncture

LIST OF MEDICATIONS

Patient Name ______________________ **DOB** ______________ ☐ **Initial** **Date** ____________

☐ **Update** **Date** ____________

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?

Check here if using additional pages (☐) **Intern name** ______________________

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Patient Name ______________________

LIST 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?

Check here if using additional pages (☐) **Intern name** ______________________

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