NAME_____DOB_____TODAY'S DATE_____

## PRESCRIPTION MEDICATIONS

| NAME<br>(e.g. Propranolol) | DOSAGE<br>(25mg) | FREQUENCY<br>(1/day) | DATE STARTED<br>(1/1/2015) | REASON/DIAGNOSIS<br>(Hypertension) |
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## SUPPLEMENTS/NON-PRESCRIPTION MEDICATIONS

| NAME<br>(e.g. Glucosamine) | DOSAGE<br>(500mg) | FREQUENCY<br>(1/day) | DATE STARTED<br>(1/1/2015) | REASON<br>(Osteoarthritis) |
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