MEDICATIONS AND SUPPLEMENTS

Please list all medications (and supplements) you are currently taking including over the counter drugs, aspirin, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	***PRESCRIBED FOR:***	***HOW LONG***

Please list all medications taken within the last year including over the counter drugs, antibiotics, aspirin, inhalers, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	***PRESCRIBED FOR:***	***HOW LONG***