Name	:
Date:	

## **MEDICATION LOG**

- Please list all of the medications that you are currently taking, and any medications that you have taken in the last 6 months.
- Be sure to include any over-the-counter medications, vitamins, aspirins, herbal supplements, etc. that you take regularly.
- Please list the approximate start date of each medication (please put down your best guess), and list the date you stopped taking them if you are not taking them now.
- If you are still taking the medication(s), please disregard the stop date.

Medication :			
<u> </u>		Stop Date:	
Danaan fan maadiaatian.			
Name of prescribing doctor: _			
Medication :			
Dose (mgs):	Start date:	Stop Date:	
How often do you take it?: _			
Reason for medication:			
Name of prescribing doctor: _			
Medication :			
		Stop Date:	
How often do you take it?: _			
Reason for medication:			
Medication :			
		Stop Date:	
		•	
Reason for medication:			
— Name of prescribing doctor: _			
Medication :			
		Stop Date:	
		•	
Dagage for madication.			
Name of prescribing doctor: _			

Medication :		
Dose (mgs):	Start date:	Stop Date:
How often do you take it?:		
Reason for medication:		
Name of prescribing doctor:		
Medication :		
		Stop Date:
How often do you take it?:		
Reason for medication:		
Name of prescribing doctor:		
Medication :		
		Stop Date:
How often do you take it?:		
December for modification.		
Name of prescribing doctor:		
Medication :		
		Stop Date:
How often do you take it?:		
December medication.		
Name of prescribing doctor:		
Medication :		
		Stop Date:
How often do you take it?:		·
Name of prescribing doctor:		
Medication :		
		Stop Date:
How often do you take it?:		•
		Stop Date:
December medication.		