

MEDICATION LOG

Name	Phone
Address	DOB
Town/Zip	Emergency Contact Name and Phone

LIST ALL MEDICATIONS AND SUPPLEMENTS YOU ARE CURRENTLY TAKING

Including prescription, Over the Counter (OTC- ex Asprin, Antacids, etc) and herbal supplements
as well as any medications taken on an AS NEEDED basis

Name of Medication/Supplement	Reason for Taking	Dosage/ Frequency	Method of Administration (X)
			Oral ___ Topical ___ Patch ___ Drop ___ Inhaled ___ Injection ___
			Oral ___ Topical ___ Patch ___ Drop ___ Inhaled ___ Injection ___
			Oral ___ Topical ___ Patch ___ Drop ___ Inhaled ___ Injection ___
			Oral ___ Topical ___ Patch ___ Drop ___ Inhaled ___ Injection ___
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