Medication History

Please list all current medications including alternative and non-prescription medications. Make a new entry anytime a medication's dosage or frequency changes. If a medication is listed and has been discontinued, enter in the date the medication was discontinued in the "end date" section. If you start a new medication, create a new entry.

Name:_____ Date of Birth: _____

Start Date	Medication Name	Dose	Frequency	Prescribing Practitioner	Reason for Medication	End Date