

## MEDICATION LIST

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Active Medications</u>	<u>Dose</u>	<u>Prescribing Physician</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

<u>Inactive Medications</u>	<u>Reason Discontinued</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<u>Medication Allergies</u>
1. _____
2. _____
3. _____

Pharmacy Name:

Phone: