MEDICATION LIST

Name: ________________________ Date Of Birth: ________________ Date: _______

Active Medications	Dose	Prescribing Physician
1. ______________________________	___________	__________________
2. ______________________________	___________	__________________
3. ______________________________	___________	__________________
4. ______________________________	___________	__________________
5. ______________________________	___________	__________________
6. ______________________________	___________	__________________
7. ______________________________	___________	__________________
8. ______________________________	___________	__________________
9. ______________________________	___________	__________________
10. ______________________________	___________	__________________

FIM
Faculty Internal Medicine

Inactive Medications	Reason Discontinued
1. ______________________________	____________________________________
2. ______________________________	____________________________________
3. ______________________________	____________________________________
4. ______________________________	____________________________________
5. ______________________________	____________________________________

Medication Allergies

1. ____
2. ____
3. ____

Pharmacy Name: Phone: