UNIVERSAL MEDICATION FORM

Date form started:

Name:	**Address:**
Phone Number:	
Birth Date:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter Medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

OFFICE USE ONLY

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: (How many times a day do you take this and when.)	DATE STOPPED	Notes: Reason for taking / Doctor Name	Name of Medication in Office	Contra-indicated, Yes or No