



Medication, Supplement, and Antibiotic Intake

Please provide the names of medications, supplements, and/or antibiotics that you are currently taking:

Medication/Supplement/ Antibiotic	Dose	Units	Frequency	Start Date	Stop Date
Example: One-a-Day (brand) Men's Multivitamin	1200	Mg	Daily	08/12/2007	current

Are you allergic to any medications? Yes No Please list: _____

Do you have any standard allergies? Yes No Please list: _____

Patient Name

Relationship to Patient

Patient Signature

Date