

## Medications and Supplements

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

- List all the medications and other supplements (vitamins and herbs) that you are currently taking, as well as how many times a day or what time of day you take them.
- Tell us the reason or condition that you are taking the current supplement or medication.
- If you would need more space, please feel free to write on the back of this page.

### Medications

Medication

Time Taken

Reason for Taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

### Supplements

Supplement

Time Taken

Reason for Taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_