

MEDICATION CHART

Please fill out this form by writing what each of your pill bottles say on it and bring this sheet with you to every visit, that way the physician will be able to tell exactly what pills you are taking in order to prevent any from interacting with each other. If you have difficulty filling this out, bring all your pill bottles with you and the nurse will help you fill this out.

PHARMACY USED: _____

ALLERGIES: _____

NAME OF MEDICINE	DOSE (MG, MCG)	HOW MANY TIMES PER DAY DO YOU TAKE IT?	WHEN DO YOU TAKE IT? AM, PM OR AFTER MEALS?	WHO PRESCRIBED IT FOR YOU?	WHY DO YOU TAKE IT?

OVER THE COUNTER MEDICATIONS, HERBAL REMEDIES, AND VITAMINS

NMG website to be put here.