



Drug & Supplement Record

Prescription (Rx) Drugs (Please list all Rx drugs)

<u>Rx Drug Name</u>	<u>Reason Taking</u>	<u>Prescribing Physician</u>	<u>When Started</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Over the Counter (OTC) Drugs (Please list all OTC drugs)

<u>OTC Drug Name</u>	<u>Reason Taking</u>	<u>Prescribing Physician</u>	<u>When Started</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Supplements/Vitamins (Please list all supplements)

<u>Supplement Name (and brand)</u>	<u>Reason Taking</u>	<u>Recommended By:</u>	<u>When Started</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____