

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

Chart #: \_\_\_\_\_

Name of Medication	Dosage	Reason for Medication	Frequency Taken	Route of Administration
<b>Prescription</b>				
1			___ times per day/week as needed	Pill / Patch / Injection
2			___ times per day/week as needed	Pill / Patch / Injection
3			___ times per day/week as needed	Pill / Patch / Injection
4			___ times per day/week as needed	Pill / Patch / Injection
5			___ times per day/week as needed	Pill / Patch / Injection
6			___ times per day/week as needed	Pill / Patch / Injection
7			___ times per day/week as needed	Pill / Patch / Injection
8			___ times per day/week as needed	Pill / Patch / Injection
<b>Over-the Counter</b>				
1			___ times per day/week as needed	Pill / Patch / Injection
2			___ times per day/week as needed	Pill / Patch / Injection
3			___ times per day/week as needed	Pill / Patch / Injection
<b>Vitamins/ Supplements/ Herbal</b>				
1			___ times per day/week as needed	Pill / Patch / Injection
2			___ times per day/week as needed	Pill / Patch / Injection
3			___ times per day/week as needed	Pill / Patch / Injection
4			___ times per day/week as needed	Pill / Patch / Injection
5			___ times per day/week as needed	Pill / Patch / Injection

Date Reviewed: \_\_\_/\_\_\_/\_\_\_

Patient Signature: \_\_\_\_\_

Date Reviewed: \_\_\_/\_\_\_/\_\_\_

Patient Signature: \_\_\_\_\_

Date Reviewed: \_\_\_/\_\_\_/\_\_\_

Patient Signature: \_\_\_\_\_